OSHA OVERSIGHT HEARING ON THE IMPACT OF ALCOHOL AND DRUG ABUSE ON WORKER HEALTH AND SAFETY

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SUBCOMMITTEE ON HEALTH AND SAFETY

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

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OSHA OVERSIGHT HEARING ON THE IMPACT OF ALCOHOL AND DRUG ABUSE ON WORKER HEALTH AND SAFETY

THURSDAY, OCTOBER 31, 1985

HOUSE OF REPRESENTATIVES,
COMMITTEE ON EDUCATION AND LABOR,
SUBCOMMITTEE ON HEALTH AND SAFETY,
Washington, DC.

The subcommittee met pursuant to call, at 9:30 a.m., in room 2261, Rayburn House Office Building, Hon. Joseph M. Gaydos (chairman of the subcommittee) presiding.

Members present: Representatives Gaydos and Chandler.

Staff present: Sy Holzman, deputy staff director, and Lee Bassford, staff assistant, Subcommittee on Health and Safety; and Dorothy L. Strunk, minority senior legislative associate, Committee on Education and Labor.

Mr. GAYDOS. The meeting will come to order. We have some tight schedules. That is why we only scheduled the one witness. I understand the Republican Party has a conference this morning.

The national headlines during the past several months have made the American public very much aware of the extent of drug and alcohol abuse among sports and entertainment figures, but the media still has not broadened its focus to include the impact on all workplaces, especially as it relates to occupational health and safety.

We know that between 5,000 and 10,000 workers will lose their lives on the job this year. We know that another 3 million will suffer serious injuries as a result of work related accidents. We know that many more accidents and incidents in which there are no injuries or deaths do occur and will occur.

What we do not know is how many of those accidents or incidents, whether they resulted in an injury or death, were caused directly or indirectly by a worker who was a drug or alcohol abuser.

We do know that drug and alcohol abuse is a factor in job safety. Individual companies in a wide spectrum of industries have initiated programs to determine who the abusers are and to either place those abusers in rehabilitation programs or eliminate them from the workplace.

A number of unions have also begun programs aimed at reducing the impact of drug and alcohol abuse on the safety and health of the abusers and their coworkers.

We know the costs to American business in terms of lost workdays, decreasing productivity, higher health insurance and Work-

man's Compensation claims as a result of alcohol and drug abuse on the job are enormous. A recent study cited by today's witness, Dr. Robert L. DuPont, estimates some of these costs at nearly $100 billion a year.

Because of the seriousness of the problem, considering its financial impact on business and its threat to the health and safety of abusers themselves and their coworkers, the Subcommittee on Health and Safety will conduct a series of hearings to look at the extent of the problem, the range of solutions either proposed or operative, and the effectiveness of those solutions.

Dr. DuPont, today's witness, has spent over 20 years in the field of drug abuse prevention. We hope he will provide us with some idea of the extent of the problem, the numbers of workers involved and their characteristics, and programs and techniques that might feasibly be used to eliminate or reduce the impact of this tragic situation.

On behalf of the committee, Doctor, I want to welcome you, and before I forget, thank you for making your appearance here at your expense. I want to also explain to you that your testimony is crucial and essential, because even though other members are not here, there are other people reading these documents and the testimony before the committee.

We send them all over the country, so I want you to know that I think what you are going to give us will be very, very effective, because the committee needs statistics at this time. All we have are accusations and none of them backed by statistics, so I want you to know you are a very important witness.

Welcome to the committee, and you may proceed in the way that you feel it would be best to proceed.

Dr. DUPONT. Thank you, Mr. Chairman. It's a privilege to me here. I am delighted that the committee is opening up this very important new area. With your permission, Mr. Chairman, I will submit my testimony for the record and highlight a few points now before our discussion.

Mr. GAYDOS. You may proceed, Doctor. Without objection, the submitted testimony will be admitted and made a full part of the record. You may proceed.

STATEMENT OF ROBERT L. DuPONT, M.D., VICE PRESIDENT, BENSINGER, DUPONT AND ASSOCIATES AND PRESIDENT, CENTER FOR BEHAVIORAL MEDICINE

Dr. DUPONT. Thank you very much. We have only begun as a nation to come to grips with the drug epidemic that started in the late 1960's and became rampant during the 1970's in the United States.

There are many reasons we have been so slow to address the question. Part of it has been just denial and not wanting to know what is going on, but part of it has been a series of red herrings, a series of diversions that have gotten in our way. This is particularly true in terms of thinking about the impact of drugs in the workplace.

There are two areas where these distortions are particularly worrisome. One is misunderstanding the nature of drug depend-

ence itself, tending to think about it as a casual, faddish, private matter of no great significance to other people, a little bit like the issue of hair style, for example. You remember, in the sixties, there were concerns in the workplace about whether people could have mustaches or beards, for example. Companies eliminated codes of dress. There was a lot of concern about freedom of individual determinations about behavior at work.

Drug use got swept up in that kind of thinking without realizing the true nature of the drug experience. The book that I have written for the American Psychiatric Association, Gateway Drugs, outlines the nature of the drug dependence syndrome. Here, let me just say, that the main conclusions that I reached was the seductive nature of the drug dependence experience itself. The individual drug user is unable to correctly perceive the effect of the drug use on him, and, of course, on those around him.

This leads to a phenomena of denial and a resistance to giving up a drug habit. Related to this underestimate of the drug problem has been a terrible confusion about the issues of privacy and civil liberties which have thwarted not only an understanding of drug dependence but halted development of an effective program to deal with the problem at work.

Last Thursday it was my pleasure to appear on the "Today Show" talking about this issue in the employment setting that is now most in the public mind: professional sports. I was debating a former baseball player who took great offense at the idea that baseball players would be required to be drug-free, and that a condition of their employment would be establishing that fact by random urine testing.

We were particularly talking about the issue of random urine testing because Peter Uberroth, the baseball commissioner, has proposed it. My opponent used the term "dehumanizing" to describe urine testing. This is how he explained that some players were resisting testing. I thought that this attitude was particularly sad because the major beneficiaries of a no-drug policy for professional sports would, in fact, be the players.

The main advantage of a more active drug abuse prevention program would be to the players, and the primary purpose of urine testing would not be to catch or punish people, but to prevent drug use, to essentially give people a compelling reason not to use drugs.

Now, in the workplace, I ask you to think about the concept I call zero tolerance. It is a very important concept, because most people when they approach the issue of drugs at work get caught up in the question of impairment. The question becomes: "Is this worker impaired?" Impairment as a concept is a very difficult to define because it is a highly relative term. It is quite a difficult concept to implement in any kind of practical way.

Impairment as a standard becomes a dodge that people hide behind. The only sensible approach to dealing with the problems of drugs in the workplace is to establish the goal, the objective, that when people come to work, they are drug free. This is what I call zero tolerance for drug use at work. This is in the workers' interest, it is in the company's interest, it is in the stockholders' interest, and it is in the interest of the consumers of the products pro-

duced by the companies. It is a shared interest of the whole community.

Zero tolerance means that when people come to work, they present themselves for work, and they remain during the period at work, drug free. Any deviation from that standard is subject to some manner of intervention, something that says, "You must stop drug use!" There are a whole series of programs which follow from this one basic goal.

You mentioned in your opening statement, for example, Mr. Chairman, a concern about drug-caused accidents. One way the Department of Transportation on railroads has approached this is to investigate accidents doing drug tests on anybody involved in the accident. That is a good step in the right direction, but there are a whole lot of other steps that can be taken along that line.

The concept of zero tolerance for drug and alcohol use while one is at work is fundamental. So is the concept that illegal drug use is not a "civil right." Let me stop at that point, Mr. Chairman. There are a lot of statistics in my formal presentation. I will not repeat them now, except to say that they demonstrate that drugs and alcohol in the workplace are enormous problems for the workers and for our Nation.

[The prepared statement of Dr. Robert L. DuPont follows:]

PREPARED STATEMENT OF ROBERT L. DUPONT, M.D., VICE PRESIDENT, BENSINGER, DUPONT & ASSOCIATES AND PRESIDENT, CENTER FOR BEHAVIORAL MEDICINE

Mr. Chairman and Members of the Subcommittee: I am pleased and honored to be with you today to discuss the negative impact of drug and alcohol use in the workplace. This is an issue that American business is only beginning to wrestle with. I commend this Subcommittee for its leadership in raising this issue to the forefront of public attention.

I have been involved in drug abuse prevention for 20 years, first with the District of Columbia Department of Corrections and then as Director of the District's Narcotic Treatment Administration. During that time I was involved both clinically and administratively in the treatment of thousands of people for drug abuse, especially heroin addiction. In 1973 I became the Director of the White House Special Action Office for Drug Abuse Prevention, and the first Director of the National Institute on Drug Abuse. Subsequently, in 1978 I returned to clinical practice with the Center for Behavioral Medicine in Rockville, Maryland which specializes in severe disorders not well treated by traditional medicine—including drug dependence.

In order to better understand why we are talking about this issue, we should look at two important trends: drug use and the social and economic impact of the drugs themselves on individuals and society. The first trend is reflected in the notion of "more." Americans are using drugs today more than ever before. Five years ago the number of Americans estimated to be regularly using marijuana was 15–17 million. In 1985 that number is 22–25 million, with nine million of these people between the ages of 18 and 25. Approximately 60 million Americans—about one in three over the age of 12—have used marijuana at least once. When we look at pills, the picture is no better. At least 10 million people regularly use prescription drugs illicitly; that is, they use them while they are not under a doctor's treatment. Over 50 million Americans have used various prescription drugs illicitly at some time in their lives. These drugs cause more deaths and hospitalization than any other category of drugs that concern us here. But that may not be true for long. Cocaine use is the fastest growing drug problem in the United States today. In 1980, it was estimated that approximately 1 to 1.5 million people regularly used this substance. By 1982 that estimate was 2–4 million and in 1985 that estimate is 7–10 million Americans. Thirty-five to forty million people have used cocaine at least once. In the course of social experience, all rises of drug use are serious, but that of cocaine is astounding. Rarely does one see such major shifts of behavior so suddenly, except for a fad or fashion shift. There is no evidence that the cocaine trends are a passing fad. All evidence points to increased use of this drug because of the misconception that it is "safe" and because of the quick and powerful "high" that drug gives individuals. If

we add the alcohol and tobacco use figures, we see that the numbers are astounding. Between 70-80 million Americans regularly use alcohol and 85% of the population over 17 years of age has used alcohol at least once. About 50 million Americans regularly smoke cigarettes and 70% of the population over 17 has used them at least once. By any reasonable standard, we have a clear pattern of rising use of illegal and illicit drugs in our society reinforced by our long, unhappy experiences with alcohol and tobacco.

The second trend is reflected in the notion of "earlier." Americans are starting to use the illegal and illicit drugs—and alcohol and cigarettes—earlier. This is being shown in data from schools, adolescent treatment centers, the courts and other community contact points throughout the United States. The implications for this are very grave. There is good evidence that the earlier a person starts to use drugs the more likely he or she is to continue the use of drugs to dependence and the younger one uses a drug the more likely it is that he or she will progress to more serious drugs. And that is what appears to be happening with the use of all drugs including alcohol. Youth in their late teens are exhibiting far greater drug problems than previously. Today, the portion of our population with the greatest alcohol problem are those young people ages 21-25 who are coming off of the very high drug use rates of teenage years. The consequences of this are important to business and industry. Many young men and women who are entering the workforce for the first time begin work with a drug and alcohol problem.

To understand why we have these trends, we need to know a few things about why people take—and sell—drugs.

When we look closer at the impact of drug use there are three ideas which are central. The first is why people use drugs. People give various reasons: they are in physical pain, their friends do it, they are curious, they are bored or anxious, and so forth. Yet, at the bottom of most use is a simple fact: people use drugs because they feel good when they use drugs. The feelings may be euphoric, relaxing, stimulating or hallucinating, but they are experienced as pleasure of one sort or another. And there is good reason for this, since the drugs we are concerned about stimulate the pleasure centers of the brain—they work by making us feel good.

So we have a "product" that people like because it can make them feel good in a short period of time without much work—a quick, powerful, easily achieved "high." But it creates dependence or addiction. Many people use drugs repeatedly over a period of time. Some become dependent, others do not. And we do not know why. No one can predict for sure when dependence will occur—when the "addiction switch" in one's body will be thrown on. Once the "addiction switch" is thrown on, the individual is driven by the demands of the brain for more of the drug. Even if the individual wants to stop, he or she may not be able to do so. Think about your friends who have tried to stop smoking cigarettes—and have either been successfully abstinent for a short period of time, or reduced the daily number of cigarettes smoked (both good achievements) only to later begin anew this biologically-driven habit. Once the body starts to crave a drug, that craving (the influence of the drug itself) may dominate a person's life to the point that friends and family will be shunted aside, work and other responsibilities forsaken, and an all-consuming search for the drugs will ensue. The implications of this for the workforce are clear and menacing.

Finally, besides having a product that is appealing, we have a product that offers astounding profits. The alcohol industry admits to revenues of over $30 billion a year. We have no financial statements from drug traffickers. Estimates range from $100 billion, a rather conservative estimate these days, to $500 billion. If we used a figure of $100 billion, this would place drug trafficking just behind Exxon and General Motors in the "Fortune 500" companies. The amount of money is staggering. Consider:

1. The profit on cocaine from the field to the street is over 1500%;

2. One kilogram of cocaine can bring up to $30,000 to $50,000 on the street; one kilogram of heroin, $600,000.

3. Ships are abandoned at sea; airplanes in the countryside, cars and trucks anywhere. This is a price of doing business. One enterprising trafficker bought a twin engine plane, loaded it with cocaine, flew low over the countryside and yet, when tracked by law enforcement officials, appeared to always fly off into the Gulf of Mexico and then disappear. Only later was it discovered that he would set the plane on autopilot, parachute out over his house with the drugs and let the plane fly out to sea and crash—all part of his overhead cost.

And the profits are not all for the "Miami Vice" mobster. Consider this: if you can grow three good marijuana plants and harvest them well, you can make $4,000–$5,000 a year on each plant. Many people do. The reward is less for such home-grown traffickers, but so are the risks. Over one-fourth of the marijuana used in the

U.S. today is domestically grown and much of it by "Pa and Ma" operations like the one I have described.

The result is that the enormous profits have a corrupting influence on the social and economic life of a community and its security. Business and government officials are bribed, banks launder money, merchants sell hardware, fertilizer and other goods which are known to be used for illicit drug production, planted areas are booby-trapped, strangers threatened or shot at and people are afraid to go far from their homes in some areas like Southern Florida. The high profits coupled with a desirable "product" virtually insure that drug use will and does occur throughout the workplace on a growing scale.

Not everyone who uses drugs illegally creates an immediate danger to himself or others, although he or she is likely to do so as they continue to use these substances over a period of time. However, many people use these substances on the job or are impaired on the job because of prior use. This drug use often leads to problems in the workplace including increased accidents (personal and property), increased absenteeism, increased employee turnover, increased medical claims and costs, lower productivity, increased theft and damage to property, friction between and among workers, and extra management burden. While data in this area are not comprehensive, there are strong suggestions of the impact of drug and alcohol use on the job. Consider the following:

The Firestone Tire & Rubber Company completed a study which suggested that drug users:

—were almost four times as likely to be involved in a plant accident;

—were 2.5 times as likely to be absent from work for more than a week than non-drug-using employees;

—were five times as likely to file a workers compensation claim; and

—received three times the average level of sick benefits.

In addition, they were repeatedly involved in grievance procedures and it was estimated that they functioned at approximately 2/3 of their work potential.

A 1984 study on economic costs of alcohol and drug use for the National Institute on Drug Abuse estimated that the productivity losses alone for alcohol and drug use were $50.6 billion and $25.9 billion respectively, while lost employment costs were $4.1 billion and $312 million, respectively. A companion study by the Institute of Medicine, National Academy of Sciences in 1984, parallels these findings.

Whatever the estimate, the conclusion is clear: drug and alcohol use, including use on the job, places an enormous drain on the United States economy. Because this burden is clearly recognized, management and labor are beginning to respond.

The response by industry has been growing since the beginning of the decade. This response is in recognition of the growing problem of drugs in society and its clear impact on the safety of the workplace and on productivity and in recognition that response strategies do work. Starting with the development of a clearly communicated policy known to all workers, and consistent application of discipline, companies are developing policies that are aimed at (1) preventing drug use on the job and (2) identifying drug and alcohol abusers and either getting them back to full productive work or terminating their employment. In this context, such a policy is seen as preventive, not punitive. Detection at work, with the threat of job loss, is probably the most effective motivation for a person to seek help for his or her drug or alcohol problem.

Responses by industry generally fall under the heading of observation, urinalysis and other chemical testing or searches. Observation is the most traditional method of screening for drug and alcohol abusers in the workplace. It can be helpful. Supervisors and security personnel can spot physical impairment, breakdowns in job performance, or drug dealing. People who are identified in this process are usually under the intense and immediate influence of a drug (i.e., "drunk") or their drug use is so advanced as to make it difficult to mask symptoms. However, as a preliminary step to further scrutiny, it is an essential part of management response. A supervisor is expected to maintain work performance levels among his or her subordinates, and when performance falls off, or certain abnormal behaviors are manifest, the supervisor must determine the basis of this work deficit, including "fitness for duty" examinations by competent medical authorities.

Urinalysis can be an important part of an organization's response. It is the one objective method of identifying drug use in the workplace and because of that can play a potent role in a management response. Urinalysis is being used in three primary ways:

a. Pre-Employment Drug Screens. More and more business and industry are realizing that many people entering the workforce for the first time, as well as those moving laterally in the workforce, are persistent, chronic, drug and alcohol users.

Consequently many companies, large and small, are incorporating a pre-employment urine screen into their hiring procedures. Over one-third of the "Fortune 500" companies and many of the major utilities are using this procedure today because they have seen the quality of the workforce deteriorate because of drug and alcohol use.

b. Event-Oriented Urinalysis: Keying testing to clearly defined events eliminates the hesitancy of some managers to use this drug and alcohol identification tool. Testing is often done at pre-determined administrative times, for example at the time of a physical exam, or when the employee is assigned to certain jobs. In these settings urinalysis not only may identify current drug or alcohol abusers, and allow management to begin effective intervention to restore them to full productivity, but such testing acts as a prevention tool for many who do not want to jeopardize their job status by being caught after casual or occasional drug use. People who are identified as drug users through testing processes known in advance, such as annual medical exams, are likely to have severe drug and alcohol problems since even the foreknowledge of the test did not deter continued use. Other event testing occurs around certain incidents where there is a high correlation between drug and alcohol use and these activities: accidents (property and personnel), fights and other violent incidents, certain absentee patterns, excessive and unexplained medical claims, reported DWIs, and so forth. The advantage of event testing is not only the pre-determined certainty, thus reducing subjective management decision, but also the likelihood of identifying intermittent users not likely to manifest chronic symptoms and those regular users not yet truly addicted, but using drugs in such a manner as to be a continuous liability in the workplace.

c. "Fitness for Duty." This is testing that occurs after supervisory referral because of a manifest major change in work performance which requires inquiry or because of behavior so immediate and bizarre as to question the ability of the individual to act in a safe manner in the workplace. This testing is a natural consequence of ongoing supervisory behavior and such referral can be very effective once supervisors are trained for it.

Regardless of the focus of the urinalysis program, it is important that the testing and sampling procedures be rigorously developed and followed. Testing protocols of the manufacturer must be scrupulously followed. Where the results are to be used in disciplinary proceedings, testing according to protocol with confirmation of a positive report and continuous chain of custody must occur.

The other major approach has been the use of locker and other searches. This can be an important component of a strong drug prevention effort. Many companies search the possessions and storage areas of employees. General Motors, for example, has for years conducted routine tool box and lunch box searches of people entering its plants. While many of these programs are a part of normal security and safety programs, their existence can also be used as a strong anti-drug program. This is particularly true if the search efforts include the use of a so-called "sniffer dog" on occasion.

Private sector employees who develop strong drug prevention programs understand the complex nature of programs which are implemented. While case law on this subject is still developing, and no action is guaranteed against legal challenge, management programs have been most effective when they have the following elements:

a. The development of a specific drug abuse prevention policy including a statement of detection methods. This policy is best developed when all elements of the organization are involved including employee representatives;

b. Modification of employment contracts and collective bargaining agreements to reflect company policy aimed at drug abuse prevention;

c. Documentation of the relationship between job performance and drug abuse; and

d. Informing all job applicants and employees of the policy. Employees should be given advanced notice of any disciplinary actions that might be taken as a result of confirmed drug abuse on the job. If drug tests are given, employees and job applicants should consent to these tests. Sanctions equal to those for people found "positive" should be enforced for those who refuse to take the test.

Companies that have these guidelines have been unusually successful in sustaining a range of job actions in courts and arbitration.

Response by the Federal, state and local governments have paralleled those by private industry. Various components have developed drug and alcohol policies. Local and state government elements, especially those involved in public safety efforts, have taken a lead in this area. The Federal government has several programs in place to respond to potential drug problems by Federal employees or those indus-

tries under the direct regulation of the Federal government. The Office of Personnel Management has a general program which covers most Federal civilian workers. The Department of Defense has an aggressive drug and alcohol abuse program for both its military members and civilian employees. Among the regulatory bodies, two agencies have encompassing programs for their regulated industries. The Nuclear Regulatory Commission (NRC) has mandated an active drug and alcohol prevention program in those utilities with nuclear components and their contractors. Industry developed, but monitored by the NRC, these programs involve the development of consistent policy, training of management, and the informing of all other personnel of the policy and the consequences of its violation. Model programs for the nuclear utilities were developed by an industry-wide task force and agreed to by the NRC. Most major utilities have implemented these programs.

Recently (August 1985) the Federal Railway Administration promulgated rules for the railroad industry which require active drug awareness training and "fitness for duty" testing in designated situations.

Programs geared to Federal employees may require legal safeguards which are not required in the private sector. While private employers may be subject to State Fair Employment Laws, or if a significant Federal contractor, subject to the Rehabilitation Act of 1973 concerning handicap discrimination, the Federal employee may have additional rights under the minority discrimination section (Title VII of the Civil Rights Act of 1964 and the Privacy Act of 1974). While these laws may provide additional employee protection, they do not appear to markedly impede the drug and alcohol programs of Federal departments and agencies.

Two industries are now providing highly visible, if sometimes involuntary, leadership in combating drug abuse: the nuclear power industry and professional sports. Because of the unique issues of public safety and trust, those two industries have confronted their drug problems with unusual clarity.

In summary, Mr. Chairman, and distinguished members of the Subcommittee, we as a nation remain in the grips of an unprecedented epidemic of drug abuse. This epidemic occurs on top of the already serious problems we have faced with alcohol use. This epidemic has had and continues to have a serious negative impact in the workplace.

The only sound policy goal is "Zero Tolerance" which means that when a worker at any level comes to work, he comes drug-free.

This concept is developed in greater detail in my book, "Gateway Drugs," recently published by the American Psychiatric Press. Effective measures to identify drug use by workers will not only prevent drug use but will help identify drug abusers so that they can be helped or be terminated from employment. This policy is not anti-worker and it does not violate anyone's rights to privacy. It is not even so much anti-drug as it is pro-people. There is a strong synergistic interest of management, labor and the public in saying "no" to drug use in the workplace. I testify today with the expectation that we can work together to achieve the goal of Zero Tolerance for drug use at work.

Mr. GAYDOS. Doctor, that's a very good opening thrust, and you can be assured we are going to study your formal statement. Let me ask you some practical things, and let me be a devil's advocate.

We see that there are some people who feel that this committee shouldn't even be considering this.

Dr. DUPONT. Right.

Mr. GAYDOS. The first question I would like to ask you, do you feel this committee should be considering this problem? Do you think you are in front of the right committee?

Dr. DUPONT. Yes; I do. I am in front of the right committee.

Mr. GAYDOS. How about telling me why?

Dr. DUPONT. Because this committee is concerned about work force safety and health. It is from that point of view that you are looking at drug use at work. It is not from a moralistic point of view or necessarily from a legal point of view. You are looking at the drug and alcohol problem from a health, safety, and productivity point of view.

That is the right way to come at this. That is the strongest basis on which we can approach these problems, as we approach any

other threat to the health and safety in the workforce. I believe that chemical dependence is the No. 1 threat to worker health and safety. To look at it in that way as an occupational health, occupational safety concern, is right on target. You will find that not only will all the same criteria that the committee has used in resolving other problems fit in this area, but that when you do fit those criteria to the drug problem, you will also support all people who are committed to drug abuse prevention.

Mr. GAYDOS. How would you respond to a person, a businessman who would say to you; I've got to take care of the marital problems of my employee, I've got to take care of his health problems, he might be a schizophrenic and not getting medical attention, he has personality quirks when the Moon gets full and all that, and now you're thrusting upon me in my field of responsibility a problem that the Nation hasn't solved at its borders. We are continually plagued with questions and interrogatories along those lines, primarily because it's expensive, and second, our competitive position worldwide is deteriorating.

Do you think that's a question you should not have to respond to? How do you suggest we respond to it?

Dr. DUPONT. It is an appropriate question. Anyone who is interested in drug abuse prevention at work should be held to this standard of demonstrating that there is a problem and that the interventions proposed can achieve goals that can be widely shared in terms of health, safety, productivity, and cost-effectiveness.

Now, what I would say to the person who compares this to dealing with moods, for example, or dealing with personality quirks is this: "Let's talk about the window, the time period when the person is at work." We are not talking about the person's whole life. We are talking about that time when that person is at work. While the person is at work, it is reasonable to have some standards in terms of drugs and alcohol use. We are not talking about an invasion of privacy. We are talking about while they are at work. We can demonstrate that any use of drug or alcohol at work is correlated with all manner of negative outcomes, safety outcomes, productivity outcomes, health outcomes, morale outcomes, legal outcomes. This can be clearly demonstrated.

Coming to work with these chemicals in the body can be shown to adversely affect all these measures that are the primary concern of management, and for that matter, the primary concern of unions, and the consuming public.

Where we get off the track is, where we make a mistake in saying that this concern for drug and alcohol use is just being a busybody, sort of worrying inappropriately about somebody else's personal lifestyle. That is not what we are talking about. We are talking about when you come to work, or I come to work or anyone comes to work, that the sensible standard is that the worker be drug-free.

Mr. GAYDOS. All right then, if I may rephrase your position, you, as a medical doctor and the expert that you are, feel with your knowledge of the problem that this is an area which is important enough and widespread enough to demand that some committee on the Hill delve into it and the Health and Safety Subcommittee does have and should have jurisdiction.

Dr. DuPont. Absolutely, Mr. Chairman. I would go one step further. You used the word "demand." That is an important word in terms of understanding the national drug abuse policy for the last 15 years. We have focused on two prongs in our antidrug effort. One is called "demand reduction" and the other is called "supply reduction."

Demand reduction means efforts to reduce the likelihood that a person is going to use drugs. In other words, you reduce the demand for the illicit drug product in the marketplace. The key to doing that is reducing the use, to give people reasons not to use illegal drugs.

About 106 million Americans are in paid employment. That is a tremendous percentage of our population. If we can give those people some reason not to use illegal drugs, we have done something powerful for overall drug abuse prevention in addition to dealing with the problem of drug use in the workplace.

In other words, zero tolerance of illicit drugs at work has a beneficial effect, not just in the workplace, although that is the primary focus here, for our society as a whole.

Mr. Gaydos. Now, Doctor, if you had to hazard a guesstimate as to how many workers would have a drug and/or alcohol abuse problem, what are your figures again?

Dr. DuPont. Well, it depends on age and gender and what the drug is and all the rest. I wouldn't want to give just an absolute number, but 10 million is probably a conservative estimate. The numbers are very large. They are related to age, and they are related to gender so that there are more males than females involved and more youth than older workers, except for alcohol. In alcohol, you see the problem right through the workforce.

The reason for this difference between alcohol and illegal drugs is really simple. People acquire drug habits during their teenage years. They do not acquire them, with relatively few exceptions, after that. The drug epidemic has been going on for the last 15 years or so. That means that Americans who are roughly under the age of 35 are the only ones who have been exposed in large numbers to cocaine and marijuana and the other illegal drugs during their vulnerable teenage years.

Drug and alcohol abuse, however, do not affect a majority in any age category or gender category.

Mr. Gaydos. All right. The railroad industry appears to be a pretty good target because there's a lot of inactive time there. Would you point out in particular any other industry that would be suffering an inordinate number of cases of abuse of drugs and/or drinking?

Dr. DuPont. There are two ways of looking at this. One is where is the problem the most widespread, and the other is where is it most visible. I have a feeling that the answers are very different, that the way we are approaching this problem as a nation is to focus on certain industries where there is a high degree of public visibility, either because of the issue of public trust, for example professional sports, or because of public safety, for example the nuclear power industry. You also get into transportation related industries, railroads being the good example, but also airlines, cars,

and buses. These industries have been in the forefront in terms of dealing with drug problems because of the concerns about safety.

But, you raise an interesting question, and that is where is drug use really the most prevalent? My hunch is that the drug use is really the highest in many other industries, because they have been lagging far behind the transportation, nuclear power, and sports in dealing with the problem. I would be willing to guess that the construction industry, for example, would have a high level of use of drugs as well as other industries which hire large numbers of young people and have relatively low levels of concern about drug and alcohol problems.

In any event, we do not have any studies which let us know of to look at that, but where we have been focusing our attention are the industries that have the concern of the public trust or safety and there are media attention.

Mr. GAYDOS. Would it be accurate to say that there are many, many industries that have serious problems? If someone were to try to discern one over the other, it would probably be an impossible task it's gotten so bad?

Dr. DUPONT. Yes. Even worse would be the implication that there are some industries that do not have a problem. Let me just give you an example of an industry that has nothing to do with the things we are talking about now: the banking or financial industry.

They have a tremendous problem, particularly with cocaine use, in that industry. They have been reluctant to deal with it.

Mr. GAYDOS. How would the banking industry have a cocaine problem? Do you trace it down to any reason?

Dr. DUPONT. The connection with money is part of it. The fast track lifestyle that is often part of that industry is also part of it. They also hire a lot of young people in that industry.

Mr. GAYDOS. Would you say your bankers have more of a problem percentagewise than say baseball, or even down here in the halls of Congress? We have scandals too, you know.

Dr. DUPONT. That's right.

Mr. GAYDOS. What about those percentages, how do they vary? It goes back again to what we said before. It's so widespread that you just can't compare them.

Dr. DUPONT. We do not have the studies to answer that question. The truth is that people have not wanted to know how bad it is. I see the same thing happening in schools. Any principal or any superintendent of a high school who comes forward and says, "We have a drug problem in our school," or "We have a drug problem in our school system," is not going to be around long.

He or she will be thrown out. It is the one who says, "We do not have a problem" who is kept on the job. We have got a situation where the incentives all go in the direction of denial of drug problems. This is something that this committee could help us solve.

Let me just give you a suggestion: require a study of drug use in the workplace, analogous to the studies that have been done in the high schools by the National Institute on Drug Abuse. Starting in 1975, we have wonderful national data. I have a book here summarizing the data for drug use of high school students. Prior to this study was that all we had was haphazard data. So anybody would look at it and say that the school studied was not representative,

because they were too rich or too poor, they were urban or they were rural, whatever. So all data was thrown aside as unrepresentative.

NIDA worked through the University of Michigan Survey Research Center to get a sophisticated national sampling of high school seniors in this country. We now have tremendously reliable data about who among high school seniors use drugs, which drugs they use, and what are the correlates of that drug use. We can answer the most fundamental questions. We do not have that data about the workplace. It is achievable data. We could answer questions about industries, job categories, age, et cetera with precision if we had such a national study.

Mr. GAYDOS. What kind of cost are you talking about, Doctor?

Dr. DUPONT. This high school study costs about $1 million a year.

Mr. GAYDOS. So it takes 30 percent, 40 percent of our budget.

Dr. DUPONT. There might be ways to do it for less. But you do not want to do a study that does not meet all of the most serious professional standards for research. I would anticipate that the people who have done this study at the University of Michigan, or those who have taken over the household survey, might consult with this committee about exactly how to put that project together. But, when it is done, it is very important that it be carefully done to demonstrate that it meets the highest scientific standards, that it is not trying to prove something other than to find facts.

The question of fairness often comes up. Is the same standard being applied to the low-level employees as to the high-level employees?

Mr. GAYDOS. Is it?

Dr. DUPONT. That that can be a problem, particularly about alcohol. Companies need to meet the test of fairness. When the new study is done, it has to be visibly fair to all people in the workplace and answer the basic questions. Right now we do not know the extent to which the drug use is occurring on the job versus the extent to which the drug use is occurring off the job, for example.

There has never been a study that has looked at that question. It is important and basic.

Mr. GAYDOS. Is it logical, and I've known some alcoholics on a personal basis, that if they're drinking on the job to kill maybe the noninterest of the job, you know, their rote type of work, they're usually drinkers off the job too.

Dr. DUPONT. It is usually that way.

Mr. GAYDOS. Once you catch the bug, you may get the bug while you're working or not working, isn't that right?

Dr. DUPONT. That occurs in the later stages of the drug dependence syndrome. You see drug use all through the day. In the earlier stages of the syndrome, you just see the drug use off the job. Then it grows. Essentially the drug use usually grows from a social experience, oftentimes on a weekend, into the person's entire life including at work. Usually the last place that drug use affects is work. The first place that the disaster shows up is usually the family. The last place it shows up typically is work.

In drug and alcohol abuse, and in so much else, we hurt the people we love the most. Most of the pain of drug and alcohol use

is going on at home. By the time it has gotten to be a problem at work, you are usually talking about a late stage of the evolution.

Mr. GAYDOS. Doctor, I have to gleen from your statements, and I have to conclude that you're saying that industry is not doing a sufficient job in your opinion as far as identifying the problem and then also as far as rehabilitation. That's your position basically?

Dr. DUPONT. I start with prevention. Industry is not doing what it can do to prevent drug abuse, and then if drug abuse does occur, to identify it. Then if it is identified, to treat it. As a general observation, I can say that industry falls down in all three areas: prevention, identification, and treatment.

Mr. GAYDOS. I'm trying to get something from you on record. Accepting the proposition that around 70 percent of people working today are working in establishments that are less than 100 people, that's about roughly what the figures are, as I understand it, about in that area, let's take an example.

A man has a spin-off industry, a machine shop. He has 12 people working for him, and he's competing. Maybe he's on a lathe turning things out for the automobile industry, a little gadget, and he keeps these 12 people working steady throughout the year.

That owner, who works alongside of his 12 employees 9 times out of 10, where does his responsibility lie? What should we do with him? Say we pass some type of regulations and make the effort a little bit more guaranteed, you know, as far as determining who is an abuser and how to help them. What do we do with that guy?

That guy has 12 people working for him. What kind of burden do we put on him? Should we exclude him from our consideration, or do you think it's very, very important that we include him?

Dr. DUPONT. He should be included, definitely.

Mr. GAYDOS. How do you do it?

Dr. DUPONT. There is now no model for doing that. I can give you some thoughts about how I would approach the problem.

Mr. GAYDOS. You would say it's an idea?

Dr. DUPONT. I do not think it has happened. What has been developed so far in this field has been almost all in the very large companies with very complex personnel systems. It is easier for them to gear up for the problem of drug abuse.

The way to handle the boss with 12 employees it through some kind of cooperative arrangements that works out with other similar employer groups. In other words, he cannot develop a drug and alcohol program. He cannot develop a rehabilitation program. He cannot develop a policy. It is practically impossible, because he has got so many other things on his mind.

But, he could join with other small businesses in his area to do things, for example, to use model educational program. A very simple start would be to have an insert to go with the paychecks, to have some little booklet on drugs and alcohol go to the employees.

Mr. GAYDOS. What about in that area whether or not there may be an active chamber of commerce, whether there may be a program in conjunction with one of the local universities or group of universities, something like that?

Dr. DUPONT. That would be good. Related to that, Mr. Chairman, is what that small employer does with the person who has a drug

or alcohol problem. If he has to figure it out himself, he will not know where to send the person. But if he is part of a group that has an Employee Assistance Program [EAP] then he can call them up and use that service at low cost.

These modern programs are inexpensive. But the issue is having access. He needs to have access. He needs to have a number he can call. He needs to have somebody who can help him when he does have a drug or alcohol problem.

Such an employer has one enormous advantage over the large company: He has direct contact with his employees. That is better both in terms of prevention and in terms of intervention.

Mr. GAYDOS. Sometimes familiarity breeds contempt.

Dr. DUPONT. I don't know about contempt, but sometimes you can overlook things when you know someone too well.

Mr. GAYDOS. Let me suggest how we have made an attempt to solve it to date. Our Congress has been solving it by cutting out all employers of 10 or less, whether it's farms or other places. There is always pressure on the floor of the House to cut out the employers with 10 or less employees, regardless of which field they're in. You see, that's how we've been solving it, and that's why I asked you the question.

Dr. DUPONT. Yes, and that leaves too large a percentage of the work force unhelped.

Mr. GAYDOS. Mr. Chandler is here, and I want to yield to him so he can ask you a couple of questions.

Mr. CHANDLER. Thank you very much, Mr. Chairman, and I apologize for being late. I want to start by saying I commend you for the commencement of these hearings on this extremely important subject.

The problem of drug and alcohol abuse in the United States, I think, as our excellent witness has pointed out, has become absolutely critical. I have two teenagers, and thank God, so far, so good, although there has been an instance of alcohol use at one time, but compared to the problems some other families have, I am indeed extremely fortunate.

In the workplace we're seeing just another manifestation of this whole problem which affects people within a family, within a community, within other organizations—wherever the individual who is the drug or alcohol user/abuser comes into contact.

What this society needs to understand and what it's had a difficult time coming to realize is that the fundamental problem is the use of the substance. Too damn many people think that there is some sort of a psychological problem involved here, and that people are getting drunk because their mother didn't change their diaper often enough, or some silly, knotheaded notion like that.

The reason people become addicted to alcohol or addicted to drugs is because it's a physical addiction, and, Mr. Chairman, if there is anything that this committee can do to get more people in this country to understand and realize that—I'm delighted to see Dr. DuPont nodding.

Dr. DUPONT. Yes; I agree.

Mr. CHANDLER. That Rand study a few years ago, I think, absolutely sentenced a lot of people to death by telling them you can drink socially once you get it under control, and that was the best

news that millions of alcoholics had. Oh, great, all I have to do is get it under control, and I can go out and be a social drinker.

The problem is that once addicted, you are addicted, and you always will be, and there's nothing that can be done about it.

The second thing I would like to say is that there are communities in the country that take a great deal of pride in their responses to this problem, and I would like to think that I represent one of them.

The Seattle/King County area and the State of Washington itself was a leader in the development of alcohol and drug programs. Businesses in the area were among the leaders in response with employee assistance programs and so forth.

We were also among the first to come up with a very tough, comprehensive driving-while-intoxicated law which called for an alcoholic screening mechanism as part of the arrest and prosecution process.

So in the way of substituting this for an opening statement, which I didn't have a chance to make, I again want to compliment you. I've had a chance to scan your testimony, and I really appreciate that. I have invited the committee, formally by letter, to come to the Seattle area and visit with people who have been a part of this whole process: Seattle University and Father Ryce, who founded the program there, and many other pioneers in this area who shed a great deal of light on this problem and have suggestions for the Congress for what we can do.

Mr. GAYDOS. The committee has obligated itself, and we're awaiting instructions and final dates from Mr. Chandler, and we will be traveling out there. As soon as we get the witnesses set up, we will be out there, and I would like to have that as the area for the kickoff hearings outside of Washington, per the suggestion from a most valued member of our committee, and I'm very glad the interest is there.

Doctor, let me ask you a couple of more questions. Are you saying to us that the programs are ineffective that we have in place today?

Dr. DUPONT. They are better than those we had 5 years ago, but they are very minimal programs.

Mr. GAYDOS. Very minimal.

Dr. DUPONT. Very minimal.

Mr. GAYDOS. As to the magnitude of the problem or as to the restrictions as far as our knowledge and expertise?

Dr. DUPONT. In relation to the magnitude of the problem. We are just skimming the surface of the problem of drugs and alcohol at work.

Mr. GAYDOS. Do you have any prognostication as to if we don't do something or change the atmosphere what's going to happen? What do you think is going to happen?

Dr. DUPONT. The problem is going to continue to escalate. I am particularly worried about the impact of cocaine use in the workplace. Cocaine, for the first time, brings the concern about money into the corporation or into the business world, at all levels of the company.

There are only two drugs where the cost is a significant factor to the user. Those are heroin and cocaine. All the other drugs are rel-

atively cheap. You can stay intoxicated for almost nothing—alcohol $5 a day, marijuana $10 a day.

It is quite cheap to be blitzed with every drug except heroin and cocaine. Heroin use was typically a lower class problem, so you never saw it except at the bottom levels of business. Cocaine, on the other hand, goes right through all levels. Cocaine habits of $500 a day are not uncommon.

The way those are maintained is not just by selling cocaine which is bad enough, but also by corporate theft, by undermining of corporate secrets. This is coming to the top levels of American business. It is an example of the problem that we have not begun to address.

Mr. Chandler talked about the Employee Assistance Programs. Those are wonderful programs. They are humanitarian programs that are lifesaving. One of the most gratifying and beautiful human experiences is to work with people in employee assistance programs, people with problems and having them recover, and seeing the healing of the families that develops. Particularly a lot of the good things you are saying, Mr. Chandler, come from Alcoholics Anonymous. AA is one of the most noble programs and most effective programs ever in this country.

One of the things that makes me most proud of being an American is Alcoholics Anonymous. It is a spectacular program with tremendous wisdom. But there is a problem in the employee assistance programs. They are targeted on people who are identified at essentially the end-stage of the disorder. The only way you get there is by having a very serious problem.

We need to find the problem in the employment situation much earlier. We need to get people before they get to that end-stage. We are not going to do that through simple supervisory training or through getting the people who are not coming to work. That gets only the end-stage. This goes back to the standard of zero tolerance. We have to let people know that when you come to work, you come drug-free. You cannot compromise on that. Once you compromise on that you lose.

You have to say "no" to the use of drugs. You have to say here is a place, the workplace, which can only be entered drug-free. The military went through something like this with the random urine testing a few years ago. There was a lot of concern that they would lower morale, and they would have a loss of people re-enlisting in the military once they did that.

I can tell you what happened when they instituted the random urine test in the military. Morale went up. It did not go down. Reenlistments went up. They didn't go down. What went up when the military started urine testing was pride. The one big enemy to pride in one's work is to see a coworker who is using drugs and alcohol who is taking the whole system down.

Mr. CHANDLER. I think that's an excellent speech, and I really want to second that. The early efforts, noble as they were, as you point out, in a sense merely parked the ambulance at the bottom of the cliff. The ambulance belongs at the top of the cliff to stop them from going over.

Mr. GAYDOS. Well, Doctor, OSHA inspects workplaces. They're on a schedule where they're called in under certain circumstances,

and the percentage of the workplaces that are checked are miniscule in comparison to those that we have out there. Knowing those limitations, what do you think our OSHA inspectors should do when they go to a plant? Do you have any suggestions?

Dr. DUPONT. The easiest way into this is through some kind of a follow-up of incidents, or "cause-based" testing. If an OSHA inspector, for example, identifies people that have certain kinds of problems, whatever those would be, he could ask them to have a "fitness for duty" examination. That would identify a lot of drug use. For example, absenteeism, auto accidents, and fighting on the job are reasons for testing. There is a whole series of behavioral signals that one could use.

The really difficult question is whether to do random testing.

I tend toward an aggressive answer to that question. I visited a nuclear powerplant recently. It has a strong antidrug policy. When I was there they had a sniffer dog coming around to identify drugs, particularly cocaine and marijuana.

They had 8,000 people on this construction site. Having that dog come on the site there twice a month is a tremendous deterrent to drug use. It is wonderful to see the respect the people had for that dog!

I asked the workers what they thought about having the dog come around. Everybody I talked to thought it was a heck of a good idea. It has helped clean up the place. They were pleased with it.

How you would do that with the OSHA inspector, I am not sure. They don't have the noses dogs do.

Mr. GAYDOS. We could call them OSHA dogs. Are you saying that was initiated voluntarily?

Dr. DUPONT. Yes; it was.

Mr. GAYDOS. Are you concerned with all of our nuclear plants we have today, one in Pennsylvania, my home State up at Three Mile Island that a lot of employees have problems with drugs and drinking?

Dr. DUPONT. I believe that some of the areas where we are most concerned about today actually have lower rates rather than higher rates. I think the intensity of the public concern has led to a suppression of the rates in some areas. The concern is good and well placed.

The nuclear power industry should be held, just as sports should be held, to a higher standard. I support the NRC efforts to hold the nuclear industry to a higher standard.

Having worked with some of the people in the nuclear power industry, unlike some people in professional sports, I find them to be more willing to accept that higher standard. They have done a good deal to implement this higher standard.

In fact, they are setting high standards for other industries to follow. If we are looking for an industry that has confronted this issue, I do not know if we could do any better than to follow up what the electric utilities has done with their nuclear powerplants. They have done an excellent job because of their need to maintain public trust.

Mr. GAYDOS. Excluding the problem we're discussing now, do you think OSHA is doing a pretty good job?

Dr. DUPONT. I cannot comment on that, Mr. Chairman.

Mr. GAYDOS. Do you want to point the committee's attention to anything at all in any direction outside of what you've mentioned? I want you to know that I look forward to studying and reading your testimony in detail very closely, but since I haven't done that, I want to ask you.

Dr. DUPONT. I will be happy also to submit additional material for the record.

Mr. GAYDOS. What shall I look for in your statement that you think is the most important?

Dr. DUPONT. I want you to understand that my expertise is not in OSHA or industrial health or safety. My expertise is in drug abuse prevention. I have a way to go to get up to speed in the details of exactly what the inspections are and how they could be improved.

Mr. GAYDOS. But you see, your knowledge on the prevention and the handling of an addict is most important, because you're the expert.

Dr. DUPONT. That is the area of my expertise.

Mr. GAYDOS. Either the National Institute of Health or maybe down in Atlanta and those places.

Dr. DUPONT. The National Institute on Drug Abuse of which I was the first director, has expertise in the Federal Government. They can be helpful to the committee.

If you were looking for a vehicle for a study of drug use in the workplace, the National Institute on Drug Abuse, perhaps in collaboration with somebody from the Department of Labor, would be an appropriate sponsor. They have a lot of expertise in managing national surveys on drug use.

Mr. GAYDOS. The director tells me that they're already scheduled. They will be coming before the committee, and we will have the benefit of their expertise too in the near future, I presume.

Doctor, I'm going to underline in the testimony your offer to the committee to make other information available, because we always need information, and particularly considering the source, we are most appreciative, sincerely appreciative, of your offer to make those things available to the committee. I hope you know that.

Dr. DUPONT. Mr. Chairman, I want you to know that my commitment is for the long haul in what this committee is doing, because the benefits that can be achieved by this committee's involvement are enormous, not only in the workplace but in our national efforts to reduce our drug and alcohol problems.

Mr. GAYDOS. As a medical expert and an expert in the field, I imagine you do agree with those that conclude many of the drug problems and the alcohol problems that we have in our workplaces probably spring from the fact that a lot of the work is very boring, it's mechanical.

Dr. DUPONT. I don't agree with that.

Mr. GAYDOS. You don't. How about stating on the record why you don't?

Dr. DUPONT. Mr. Chandler made the point earlier. Too many people say that people use drugs for complex reasons. People identify perfectly sound psychological, social, economic problems, and then they hang them on drugs. People it is said use drugs, because they are poor, people use drugs because they are bored, people use

drugs because they are angry, people use drugs because they are unhappy. Well, the other side of those things is equally true. People use drugs, because they are rich. People use drugs because they are busy, people use drugs because they are happy, people use drugs because they are hot.

Mr. GAYDOS. Are all those things true that you're saying?

Dr. DUPONT. My point is that people end up trying to explain drug use on the basis of some other more "basic" problem. The way to understand drug use is that drugs make people feel good. People use drugs for all kinds of reasons, rich and poor, happy and sad, whatever, bored and unbored. I have heard people make the case that the most prevalent categories for drugs in the workplace is among bored workers, but I have equally heard it emphasized that drug use is high among high stress workers, that they are the ones who are more likely to use.

I ask the committee not to be too quick to buy into any explanation of why people are using drugs, however sophisticated it may sound, because I think you are likely to go astray. This thinking leads you to believe we have got to make work less boring, or less busy or whatever else to reduce drug use. That is the wrong conclusion.

This is a road that we have been down in the drug field for the last 20 years. It has caused great mischief. The idea is that we were going to prevent drugs by having kids be happier, for example. It is not true. You have to prevent drug use by saying no to using drugs. You cannot do it the other way.

People do use drugs because they want to. People do it because they like it. What you have to do is establish a social environment that says no to the use of drugs for any and all reasons.

Mr. GAYDOS. You're not questioning, are you, the conclusion and statistics which very clearly show that the percentage of incidence is higher when a boring job, a rote job is involved than when one isn't?

Dr. DUPONT. I do not know of any statistics like that.

Mr. GAYDOS. You don't know of any?

Dr. DUPONT. No. I would be skeptical of them, as a matter of fact if you showed me any. I would want to see that data, because it probably is not true. A lot of people who are very busy are using drugs, people who have challenging jobs are using drugs. I would be very interested in learning which jobs are the most stressful, the boring jobs or exciting jobs.

It is a close call. I am not sure. Which one has the most stress-related problems? Which job do people prefer? Do they prefer busy jobs or boring jobs? I think you have got to be careful about answering that too quickly. Even more important to our discussion today is "Which job has the highest drug use?"

The reasons to make jobs boring or unboring or busy or unbusy are more important than the question of whether they promote or discourage drug use. Drug use is a separate agenda. It has to be addressed seprately and not as a derivative of some other social or economic concern.

Mr. GAYDOS. Well, you've laid before the committee some very interesting propositions, and as we enlarge our hearings, and we get to antagonistic positions, I would hope that we would be able to

communicate with you, and you would be so kind to analyze those other positions. It would be most beneficial to the committee.

I want to state on behalf of the committee that we are now about to embark on a very, very difficult area as I see it. I think it's well needed. It's been delayed for so long and it's very difficult because of the legal implications, the right of privacy, constitutional prerogatives that may be invaded, and then, of course, the conflicts as far as experts are concerned as to what causes it and, of course, our problems at the borders of the country. I want you to know that you've set forth some very interesting positions, and we'll be back in touch with you, and I want to thank you for coming down here and participating in your Government at your own expense.

It's very gratifying to know that there are people still around wanting to do that. If you have any additional information that you want to make available to the committee, I want you to know it will be well received. We may be, in fact, in contact with you, Doctor. So thank you so very much for appearing. Anything else you want to put on the record?

Dr. DUPONT. I appreciate this opportunity. Thank you.

Mr. GAYDOS. Thank you. The committee will stand adjourned until the call of the Chair.

[Whereupon, at 10:21 a.m., the subcommittee adjourned subject to the call of the Chair.]

[Additional material submitted for the record follows:]

THE EXTENT OF DRUG AND ALCOHOL PROBLEMS AT WORK

(By Robert L. DuPont, M.D., vice president, Bensinger, DuPont & associates, Inc.)

While we now have excellent data from the National Institute on Drug Abuse about drug use among high school seniors and in households in the U.S., we lack even rudimentary data on drug and alcohol use in the workplace. Even less data is available about the effects of drug and alcohol use (in contrast to data about use itself) at work. When attempts are made to dig deeper into these important issues, for example by thinking about the effects of drug and alcohol use on specific job groups or in specific industries, our data is even less adequate.

With full recognition of this data dearth, I am proposing some rough estimates in response to two fundamental, frequently asked questions:

1. How many workers are adversely affected by their use of alcohol and drugs?
2. How many workers are adversely affected at work by their use of alcohol and drugs?

Illegal drug use, in contrast to alcohol use, is concentrated among those under 35 years of age—the drug epidemic generation. Alcohol use affects all ages. Among the illegal drugs, marijuana and cocaine stand out as by far the most frequently used. These two illegal drugs, plus alcohol, are the Gateway Drugs because they are so widely used as the gateways into drug dependence in America today. They are used so widely because they are commonly—and wrongly—thought to be harmless and easily controlled by the user.

Of the roughly 106 million Americans holding paying jobs, I estimate that about 11 million have had serious adverse health effects during the past year as a result of alcohol and drug use. Furthermore, I estimate that about 8 million workers have had serious adverse effects at work on health, safety, productivity, etc. as a result of their use of drugs or alcohol. Among workers under the age of 30, alcohol and drug problems are approximately equally common, while for workers over the age of 30 alcohol problems predominate.

These estimates are based on my experience over the last two decades in drug abuse prevention and on my reading of the most recent NIDA survey data. I will, of course, revise these rough estimates as we get new, more reliable data. In the meantime I propose these estimates as a starting point for a discussion about the extent of drug and alcohol problems in the workplace.

Of course, far larger numbers of workers use alcohol and illegal drugs at some time during the year. These new estimates I propose today are for people who experience serious problems with alcohol and drugs, not for drug and alcohol users. As further information becomes available these estimates will be refined and moved up or down. My guess, at this point, is that these are low numbers. My intention is to give a conservative estimate of the prevalence of drug and alcohol problems in the workplace.

OSHA OVERSIGHT HEARING ON THE IMPACT OF ALCOHOL AND DRUG ABUSE ON WORKER HEALTH AND SAFETY

WEDNESDAY, DECEMBER 4, 1985

HOUSE OF REPRESENTATIVES,
COMMITTEE ON EDUCATION AND LABOR,
SUBCOMMITTEE ON HEALTH AND SAFETY,
Washington, DC.

The subcommittee met, pursuant to call, at 9:30 a.m., in room 2261, Rayburn House Office Building, Hon. Joseph M. Gaydos (chairman of the subcommittee) presiding.

Present: Representatives Gaydos and Hayes.

Staff present: Sy Holzman, deputy staff director, and Lee Bassford, staff assistant, Subcommittee on Health and Safety; and Dorothy L. Strunk, minority senior legislative associate, Committee on Education and Labor.

Mr. GAYDOS. The committee will be in order.

Mr. Hayes is on his way. We might as well start because we have a lot of things going on in the different caucuses on the Hill.

In my opening statement I want to emphasize that just over a month ago, at the subcommittee's first hearing on the impact of drugs and alcohol on worker health and safety, Dr. Robert L. DuPont painted a fairly grim picture of the situation, the costs related to drug and alcohol abuse, and the efforts being taken by companies and industries to create drug- and alcohol-free work environments.

Yet, for all of the important data presented by Dr. DuPont, even he admitted that there were no real figures for the number of persons involved and the real impact on worker health and safety. In fact, he suggested a broad-based national study as one means of getting that evasive information.

There are many factors involved in understanding and attacking the problem of drug and alcohol use and abuse on the job, and we expect that our witnesses today will be able to shed more light on both in general terms and specifically as it relates to the construction industry.

Today's witnesses represent the National Institute on Drug Abuse, which has been most active in developing data on drug and alcohol abuse in the workplace and in providing assistance to address the problem, and the Associated General Contractors of America and Associated Builders and Contractors, both of whom will give us some idea of the extent of the problem in the construction industry and the methods being used to counter the situation.

An invitation to appear was extended to Robert Georgine, president of the Building and Construction Trades Department of the AFL-CIO, who we had hoped would give us an idea of the union's efforts, but due to unforeseen problems he is not able to be with us today. He will probably be our first witness after the first of the year.

Let me at this time comment on the new formaldehyde standards. It appears that after persistent requests and efforts of this committee, the administration has wisely concluded that the formaldehyde problems that we have, and also benzene up in our district, do have merit. They have proposed standards reducing the allowable exposure levels. So, that is at least affirmative going into the new year.

At this time I would like to call the first scheduled witness, the National Institute on Drug Abuse, represented by Elaine Johnson, Acting Deputy Director, and Dr. Michael Walsh, NIDA. I want to thank you for coming. Without objection—at this time there is nobody here to object—your testimony is made part of the record; I just hope it's not 800 pages. As your formal statement has been submitted, it becomes part of the record. You may proceed. Would you talk close to the mike? We have some students in the background, I understand. They would like to hear what you say. They may ask you a question, I don't know, maybe we'll give one of them a chance.

Welcome to the committee.

STATEMENT OF ELAINE M. JOHNSON, ACTING DEPUTY DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ACCOMPANIED BY DR. MICHAEL WALSH, NIDA

Ms. JOHNSON. Thank you, Mr. Chairman and members of the subcommittee. Thank you very much for inviting the National Institute on Drug Abuse to participate in the second hearing in your series of hearings dealing with drugs and alcohol in the workplace.

As you pointed out, Dr. Michael Walsh, one of NIDA's experts in this area, has accompanied me to discuss this very important issue.

My formal statement is brief, therefore I would like to present it in its entirety.

It may well be that drug abuse is the most common health hazard in the American workplace today. Industry and labor now recognize this serious health and safety problem and are beginning to work together to take action.

The National Household Survey on Drug Abuse, conducted by the National Institute on Drug Abuse, reflects the magnitude of the drug problem in the United States today. The latest survey data indicate that 20 million Americans are using marijuana; 4 million Americans are currently using cocaine; 2 million Americans are currently using other stimulants; over 1 million Americans are using sedatives without a prescription; and 100 million Americans are using alcohol.

I should point out that current use is defined as use in the last 30 days from the time of this survey interview.

Among America's young adults, between the ages of 18 and 25, which is the segment of the population generally thought to use drugs most extensively, 65 percent have experience with illicit substances; 41 percent have tried marijuana; roughly 20 percent used marijuana daily for at least 1 month during their adolescence; 20 percent had tried cocaine; and 84 percent used alcohol. This is the population now entering the workforce. Clearly, with this history of prior drug use, there is cause for serious concern.

Through our various research efforts we have learned about the prevalence of drug use in the general public and about the effects of drugs on performance and productivity. However, it has proven to be quite difficult to characterize the general nature and extent of drug use and abuse in the workplace. We suspect that the Nation's drug use statistics are probably similar in the jobsite, but it has been difficult to obtain hard data from the various segments of industry. Although there are many published estimates of the cost of alcohol and other drug abuse to industry, precise figures are not known. Accidents, loss of productivity, loss of trained personnel, theft, treatment and security costs all contribute to overall corporate costs, but actual in-house statistics of incidents, accidents, and the real dollar cost due to drug abuse have been very difficult to obtain.

An important factor in this issue is who is using drugs in the workplace. Attitudes and beliefs regarding drug use among younger employees are often different than among older employees. Consequently, familiarity and availability, as well as past experience with drugs increase the probability that these individuals will use drugs other than alcohol for many purposes: for example, recreational purposes; for the relief of stress; in an attempt to heighten performance. The net result of these factors is that impairment in the workplace due to substance abuse appears to be increasing at a time of increased demand for higher skill levels of performance. Erratic behavior by employees as a result of drug use may present a substantial safety threat not only to themselves and their fellow workers but the general public as well. The complexity of industrial tasks continues to increase, and the economic and safety risks inherent in errors of judgment in most workplaces makes drug-induced impairment unacceptable.

The workplace provides an excellent forum for dealing with drug abuse, through education, prevention, early deduction, and referral for treatment. One of the problems that many companies have encountered is that management is totally unfamiliar with the signs and symptoms of drug use. It is important that supervisors be trained to recognize signs and be familiar with symptoms, not to be making diagnoses themselves, but to refer employees who may be in trouble to the medical department or to the employee assistance program as soon as possible.

Recent technological advancements in clinical diagnostic techniques, which have grown out of NIDA's research technology program, have made widely available assays suitable for the detection of drugs in body fluids. These tests are being used now by the Department of Defense in an effort to detect and reduce the incidence of drug use in the armed forces. Publicity surrounding DOD's efforts has generated a significant increase in the number of inquir-

ies by private industry with regard to the use of these new techniques. As a result, increasing numbers of private corporations and Federal programs are developing urine screening programs. Clearly, the availability of this new technology has contributed to more effective means of addressing the concern about drug use in industry.

How best to use such assays to screen employees for drug use is a complex legal and ethical question. Principles of public safety, efficient performance, and optimal productivity can be seen as conflicting with individual rights and civil liberties. In some instances, management and unions may have considerable difficulty in achieving consensus and agreement on how or when to utilize this new technology. Such disagreement has recently received wide public attention in the area of professional sports.

We can all recognize the validity of the two basic sets of conflicting principles involved: public rights and individual rights. In our view, the relative weight each side should carry will vary on a case-by-case basis. Where there is a significant potential for harm or danger to the community, for example, on our highways, in hospitals, or in the airline industry, periodic checks to determine drug impaired performance, as determined appropriate by industry management, should be carried out. In such industrial situations managers must lean toward a strict policy with regard to employee drug use.

In the past, private industry has been somewhat reluctant to discuss drug problems or policies. Many companies seemingly felt that having a drug policy and/or discussing drug issues was openly admitting their business had a problem and that this would result in a loss of public confidence. Fortunately, this attitude is changing. Within the last year, a major transition has taken place in the business world. Progressive companies have begun to adopt the position that society has a drug abuse problem. They realize that drug abuse is not unique to a particular business but, rather, a phenomenon of society at large; and since they must draw their workforce from society, they must develop policies and programs to deal with this problem. At present, the use of employee drug testing, that is, by urinalysis, is the basic element of many company policies.

Since its inception, NIDA has played a significant role in assisting business and industry with their drug abuse education, prevention, early detection, and treatment efforts in the workplace. We have focused attention on helping older employers understand what is happening with their young workers, and at the same time encouraged them to develop a tough drug policy which takes an aggressive but compassionate approach. What has evolved over the years is a continuum of policies, ranging from pre-employment screening to random testing.

Preemployment screening for drug use is a personnel procedure which is now being used widely by industry to screen job applicants. Recent reports indicate that in the last 3 years the number of Fortune 500 companies screening employees for drug use has risen from 3 percent to nearly 30 percent. Many of the Nation's largest employers including major corporations, manufacturers, public utilities, transportation, and even small businesses are now

using urinalysis as part of the pre-employment screening process. In general, these companies use a blanket policy wherein they will not hire individuals who present positive urines indicating current use of illicit substances. However, in a positive effort, some companies do counsel applicants who fail the drug screen test to seek treatment and to reapply. The use of this technique as a diagnostic tool to get job applicants into treatment as early as possible, while allowing reconsideration for employment, is an important step forward in reducing overall substance abuse in the workforce. We encourage this approach wherever feasible.

In-service employees are generally covered by more compassionate policies where referral is made to treatment and rehabilitation programs. I am pleased to report to this committee that in our experience most companies are willing to accept the responsibility to provide treatment benefits to substance abusing employees. In the last year, industry has become creative in developing extremely tough but fair drug abuse policies wherein employees who have gone through treatment but begin to use drugs again, must pay some of the treatment costs or face dismissal.

NIDA has several initiatives under way which will further our collaborative efforts with industry and labor to reduce substance abuse in the workforce.

We believe the integration of drug screening together with programs of treatment, prevention, and drug education will prove to be an effective way of managing substance abuse problems in industry. In that regard, we are developing a question and answer document on the use of urinalysis for drug detection to respond to the numerous inquiries regarding the various issues involved. In early March of next year, NIDA will convene a national conference in collaboration with industry and labor to gain consensus on the best methods to reduce drug abuse in the workforce. As a result of this meeting, NIDA expects to produce a document which will serve as a guideline for business and industry.

The Institute has also established new relationships with such organizations as the U.S. Chamber of Commerce, the Business Roundtable, and the entertainment industry. Through these groups, we plan to disseminate the materials described above, as well as to encourage others to produce their own. In addition, we are involving business and industry in our new media campaign which focuses on cocaine abuse.

Although we have made considerable progress in this arena, we have discovered that many questions are yet unanswered; and we are in need of more information in certain areas to continue advancing in this field. For example, we need better information on the use and abuse of alcohol- and drugs-among employees of different occupational groups and work roles.

We need additional information on the most appropriate role for supervisors in the identification and referral process and the ability of supervisors to effectively deal with an alcohol- or drug-abusing employee.

We need to understand the impact of the work environment itself on the drinking or drug-taking behavior of employees.

The Institute plans to do what we can to obtain the necessary information to proactively proceed in this effort. We consider this

part of our demand reduction strategy. In addition, we are hopeful that, by working with the various groups mentioned earlier, they too will recognize the need to obtain more epidemiological data and will initiative such research.

In summary, now is the time to build on the momentum that has been exhibited in the business and industry world. We will continue to work with these groups towards achieving a balance between protection of the health and safety of employees, image and function of the company, and the realization that the substance abusing employee has a diagnosable and treatable illness.

This concludes my formal statement. Dr. Walsh and I will be happy to answer any questions that you may have.

[The prepared statement of Elaine Johnson having been read into the record, will not be reproduced.]

Mr. GAYDOS. Director, let me ask you, how much money do you have in your budget, roughly?

Ms. JOHNSON. In our total research budget?

Mr. GAYDOS. Yes.

Ms. JOHNSON. Approximately $80 million.

Mr. GAYDOS. That will be enough to conduct this study you are talking about, this new study? Or is it woefully inadequate?

Ms. JOHNSON. No; the plans that I have already presented to you are part of our plan of budget expenses.

Mr. GAYDOS. Is this study already ongoing? Has the groundwork been laid, or is it just in contemplation?

Dr. WALSH. What we have been trying to do, Mr. Gaydos——

Mr. GAYDOS. National study, we are speaking of.

Ms. JOHNSON. The national survey study that we talked about is part of our ongoing epidemiology program, and that has been going on for several years.

Mr. GAYDOS. I understand.

Let me ask you some practical questions. Doctor, you may want to respond to these.

What about these urinalysis tests? Are they accurate? I have had individuals tell me that sometimes they are falsely accused by these tests, because the tests may show a sign of use, and they are not abusers. Is there any validity to that position taken? How effective are those tests?

Dr. WALSH. The tests are highly effective and highly reliable when they are conducted within a reputable laboratory that has a reasonable quality control and quality assurance program built into it. The bottom line, I think, is the test is only as good as the technician who is performing the test.

What we have always recommended and almost all companies that I am aware of have adopted this policy, that no adverse action is taken against an employee on the basis of a single test. There is always a confirmation test done, typically by a different biochemical method, if it's done within the same laboratory, generally confirmation methods in order to ensure the reliability of the tests, are done by a different laboratory. And when you get the same result back from two different laboratories using two different methods of analysis, the probability for an error is minute.

Mr. GAYDOS. I thought it was a mechanical thing, that all laboratories, if they made a test, would find either a positive or a negative. Now you're telling the committee that there is some skill in-

volved and it depends upon the skill of the individual scientific approach? Or am I misunderstanding you?

Dr. WALSH. There is a skill in terms of calibrating the equipment, processing the sample, making sure that it is stored properly. Any laboratory who is set up to do biochemical assays would typically have those kinds of quality control, quality assurance procedures in place. There are available portable testing kits which can be sold to individual businesses, and the test can be performed by personnel who are not qualified. They can be trained but in a 2-hour session you don't achieve the same kinds of skills that you would if you were a trained laboratory technician or a registered nurse, for example.

Mr. GAYDOS. As a professional, have you concluded that the tests are fair? If I were to apply for a job and they gave me a test, I could as an individual citizen rely upon that scientific test and not be discriminated against? Do you think as a citizen I would feel pretty comfortable that I am going to get a fair shake?

Dr. WALSH. Yes, sir; I do. I feel the tests are reliable. I think that we do have some concern about as the use of urinalysis spreads throughout industry, that fly-by-night laboratories may crop up. We have been meeting with the various Federal agencies involved in overseeing FDA, the Bureau of Standards, Health Care Financing Agency, to try and determine whether there ought to be guidelines established, whether there ought to be some Federal standards, or whether there should be a certification process for laboratories to do urinalysis testing. That is ongoing.

At this point the current administration does not feel that the Federal Government ought to get involved in more regulation. So, we at this point are urging industry, who are paying the bills for these laboratory tests, to begin to demand that the laboratories that they use become certified by certifying organizations.

Mr. GAYDOS. Doctor, if you had to take a test before you were employed in your present capacity, would you be resentful?

Dr. WALSH. No, sir.

Mr. GAYDOS. Have you taken a test?

Dr. WALSH. No, sir.

Mr. GAYDOS. Has anybody in the agency taken a test?

Ms. JOHNSON. Within the National Institute on Drug Abuse, no; there has not been a requirement.

Mr. GAYDOS. What is the agency's position on that? Do they think that there's an area where they should take tests or they shouldn't, they should be excluded? What do you think?

Dr. WALSH. No; we are currently establishing a policy for our Addiction Research Center, which is located in Baltimore, after 40 years of history in Lexington, KY. We believe that there are critical job skills within our organization. At the Addiction Research Center there is ongoing research with highly abusable substances. The staff there would have more access than anyone else in the agency. In this particular area we feel very strongly that there should be testing——

Mr. GAYDOS. Director Johnson, do you know of anybody in your agency under your command that you have sincere suspicions might be abusing either alcohol or drugs?

Ms. JOHNSON. No; I don't.

Mr. GAYDOS. Is that how pristine pure your operation is over there?

I hear differently on the Hill, you know. We have it here in Congress. There have been accusations of it. I am not asking, you know, for the point of embarrassment. I am just asking as a practical matter. We have been accused here on the committee of not making OSHA effective as far as Congress is concerned. Here in the Rayburn Building we had a terrible problem on dust inhalation down at the carpenter's shop. And here we are, a national committee, spending all this money making sure that our citizens are protected in their place of employment, and we haven't done it here in the House.

So, that is why I asked you the question. Do you think you have a duty to do that? Would you buck that, or would you accept it?

Ms. JOHNSON. Within the Public Health Service we certainly have an employee assistance program where employees with any type of emotional or problems where it impacts their work performance, they are referred for counseling and for help. To my knowledge, in terms of impaired performance, no supervisor has ever brought it to my attention where, based upon their observation, because they are very familiar with the symptoms of alcohol and drug use, they have never brought that to my attention that we have an employee that would require that type of monitoring.

That is not to say that we are not part of a cross-section of the population, as you point out. Hopefully, if we have had those employees, they have sought that help on their own.

Mr. GAYDOS. You mentioned rehabilitation and possibly some assistance and then a hiring of an individual that maybe had been turned down originally. Give me one good reason why you would hire somebody that had evidence of a drug or alcohol abuse problem rather than hire a new person, one that never had the problem.

Ms. JOHNSON. As I pointed out, I think it is very important that we look at each of these cases on a case-by-case basis. There are individual factors that surround drug use in a particular individual that might warrant giving the individual another chance. So, I don't think we could just give a blanket statement in that regard.

I think it is important, however, for companies to make employees aware of what their policies are, to be very clear of that up front so that, when these problems arise, they know what the policies are and they are very much aware of when they are violating a company policy.

Mr. GAYDOS. As a practical matter, am I off base if I would have concern, sincere concern, that once a person is exposed as a drug user, it is very difficult for an employer to rationalize hiring him on the second round rather than go to a new source and hire a person that has never been suspected of drug or alcohol abuse? Am I off on human nature?

As a practical matter, if I am an employer—and this committee used to have jurisdiction over compensation—I am worried about what I am going to do with a drug user or an alcoholic, because it's going to cost me so much money later on. Here I have evidence that he has been abusing these things. Why should I give him a second chance?

Ms. JOHNSON. OK, let's discuss it for a moment. First, I think it depends upon the type of industry and the type of company that we are concerned with. If we are talking about health and safety, those types of agencies, for example, the airlines or public transportation, utilities, where they are in critical occupations where the public safety of the general public is at risk, I think you really need very tough policies there. And I certainly would agree with you in terms of that. And I believe those employers would take very decisive action immediately.

Dr. Walsh?

Dr. WALSH. Sir, I think the bottom line is that, if you have 50 applicants for every job vacancy you have, you can afford to be very choosy. In those situations many companies do not offer the opportunity for an individual to reapply.

I think that one of the things you mentioned earlier is that these tests do not differentiate between use and abuse of a drug. If an individual—the case that is most frequently brought about, if we are talking about 23 million Americans using marijuana on a regular basis, we may reach a point where there is a problem finding people who do not use drugs at all. I think when industry is beginning to say after a period—I guess there are certain subpopulations in our society where substance abuse is an acceptable behavior. What industry is saying after not being able to deal with it effectively until these urine screening techniques became available, they are now saying that substance abuse is no longer acceptable in the workplace and we will not tolerate it.

Mr. GAYDOS. Doctor, what I worry about, and I think I am practical in stating this, is that we talk about rehabilitation, talk about second chance, but once a young person, in particular going for his first job, slips through the cracks, we never get him back. He is stamped as an abuser, I don't care what you do. We talk about reform and talk about this and that and rehabilitation. You're not going to give him a second chance. It's going to be a very informed and sensitive employer that is going to give him a second chance. That's how I look at it practically.

Maybe I am saying this because we have some young people here. Once an abuser, it seems like you are stamped for life indelibly. It appears that way to me.

Now you're telling me we have rehabilitation programs and second chances and things like that. I don't think those things practically work.

Dr. WALSH. This is a very nitty-gritty issue at several meetings in the last few weeks with major companies presenting their programs. The issue of whether to allow an applicant a second chance is one that most companies will not afford. They feel that because of the various contingencies, the risks involved, and so on, that they are unwilling to take that risk. I think, as we stated in our testimony, the progressive companies who are willing to give a second chance based on the idea that substance abuse is a diagnosable and treatable illness, is a reasonable approach to take.

Whether practically companies can afford to take that risk or not is unknown. Many personnel——

Mr. GAYDOS. If they can't take it, am I far off base when I say somebody else should be taking that risk? Maybe we should be

doing something, I don't know. I can understand the free enterprise system, competitive area where a company would be very reluctant to grant that second chance because of competition and stuff like that. Well, if that's the truth, you accept that, who then has the responsibility for that person that slipped? Has he slipped forever? And what are the percentages, the scientific percentages on rehabilitation? If he's a drug user and alcoholic, what are those percentages? Would anybody have them offhand? How many are rehabilitated, do you know, permanently? How many have to go through it two or three times? I don't know.

Dr. WALSH. I believe the key is early identification and referral for treatment, with both alcoholism——

Mr. GAYDOS. Doctor, I am trying to be practical. We always say that. That's a nice way of approaching it: early identification. I'm talking about the practical aspect. Here you have a young lady that applies for a job as an airline stewardess, and here she's sniffing cocaine, and it shows. Maybe all of her life she dreamed about being an airline hostess. Has she slipped through the cracks? Is she done? No one will ever hire her in that job? That's what I am talking about. You can take any kind of occupation.

Dr. WALSH. I think you have to look at this, step back and look at it in a long-term context. I think indeed it is going to be very difficult within the next year or two for an individual who is currently using illicit substances to get a job. And I think that the impact of that——

Mr. GAYDOS. You finally said it: it's going to be very difficult——

Dr. WALSH. Yes, sir.

Mr. GAYDOS. You finally said it.

Dr. WALSH. And I believe that for individuals who are coming into the workplace right now, it is going to be very difficult for them. It may end up that they may slip through the cracks. What impact that will have on our adolescents who are now freshmen, sophomores, and juniors in high school and will be going on to college is the knowledge that substance abuse is really not conducive to long-term employment or any employment at all, will have a very dramatic effect on the drug-taking behaviors.

Mr. GAYDOS. I hope that our study and survey will delve into those areas. I appreciate our college youth today, but there is an awful lot of abuse going on there in the colleges on the campuses. And bad habits learned there seem to permeate the person. They take them with them wherever they go for employment and things like that. We do have a special committee here on drugs. I don't intend to talk about their jurisdiction.

Is that right, Mr. Hayes?

Mr. HAYES. That's right.

Mr. GAYDOS. We just can't get into it. I don't know if Mr. Hayes is on that committee or not.

I just want you to know that I just bring these up because we are talking about the responsibilities of your agency, what you are doing. And I want to commend you for what you are doing. Sometimes I have fundamental doubts as to whether we are using the right approach. We have got all kinds of fancy names, technical words describing things. We set all kinds of charts up, you know.

As a practical matter, we don't save too many of those young people from self-destruction.

Before I call on Mr. Hayes, we have some young people visiting us in the back. Do I have your attention back there? Do any of you want to ask a question of the Director while she's here?

We don't hear any booming baritones back there. I want you to know that this is part of your Government. You're paying my salary and the Director's salary, so you ought to take advantage of it.

AUDIENCE. Can those tests be altered by drinking? Is there a way that they can be altered where if the drug user drank a lot of water before the test, where it would not show up, and an actual drug user could slip by?

Mr. GAYDOS. Director, if you didn't hear him, is there any way that a person—in the service, when you applied, remember during the war——

Mr. HAYES. Yes.

Mr. GAYDOS. Those fellows would go down to the service, they had all kinds of fancy ways to get qualified or disqualified. The young man raised the question: Are they manipulating some of these tests that we have by doing certain things? Do you want to respond in a professional manner?

Dr. WALSH. Yes, sir.

There are a variety of methods that have been described in journals such as High Times and other magazines, of diluting a sample with vinegar and aspirin and a variety of other substances. Typically, the laboratory will immediately detect that the sample has been adulterated and will just disqualify that and require a second sample.

As most drugs are metabolized and are excreted in urine, and their concentration in urine is a function of the amount of fluid that has been taken in, which can reduce the overall quantitative figure that comes out of the assay. But you would have to drink an awful lot of fluid if you had been using the drug recently, within the last 3, 4, 5 days, to defeat the purpose of the test.

Mr. GAYDOS. Doctor, let me admonish you. We have had 14-year-olds crack the Pentagon's secret code down there at the Pentagon. Let me tell you something, you'd better be on the alert. These young people can come up with a lot of new-fangled ideas that will throw your tests into a tailspin. So, I just hope that the medical profession is alert. Our young people have a lot of faults, but they have a lot of positive and affirmative aspects to their character, too. They have great initiative and they are very innovative.

Yes, Director.

Ms. JOHNSON. Let me point out, however, though, there also exists a risk, a health hazard in terms of taking things in your body. It is quite different dealing with a computer, different in terms of consuming something in your body. So, they should also take that into consideration as well.

Mr. GAYDOS. That's a very good point, Director.

At this time I call upon our associate member here on the committee, Mr. Hayes, from the great city of Chicago and a great member of the committee.

Mr. HAYES. Thank you, Mr. Chairman.

I have maybe two or three questions. Before raising the questions, I think maybe I want to make a comment.

It is obvious that we are dealing with a problem that is increasing in its intensity. Doctor, I don't know whether it's a good thing or not to be categorized as an expert by NIDA in this field. It parallels what I see as the situation where we have got several experts now on terrorism, which you notice on TV. The problem seems to grow despite the opinions of the experts.

I come from Chicago, as you have been advised. Certainly we have our problems in Chicago. That is no different from other places, though no all in the inner city, as one might suggest. The problems have already reached the suburban areas surrounding the city of Chicago. And I am sure this is true in other areas. I know this doesn't come within NIDA's purview, but drug trafficking is big business. Some people make an awful lot of money off of this. There seems to be not the kind of concentration on that element. We spend most of our time concentrating on the victims. We have had people who have already been forced out of the workforce because they were victimized by this terrific problem. Others left voluntarily because they just give up with no hope.

I know that something had to be done about this problem when I looked at your numbers, Ms. Johnson, and I played with them as I looked at your statement. You said out of the total, I guess the latest census figures, out of more than 210 million people in this country, give or take a few million, 127 million, according to your figures, have already been victims either of alcohol or drugs. That leaves only about 83 million of us clean, you know.

I am not saying that the figures are wrong. I think it points up the magnitude of the problem.

You are looking at someone who came along as a kid during the time we had Prohibition. You all don't know about that, but I do. It was illegal to have alcohol. But some way, I know this as a kid, alcohol was available. So, you can't deal with alcohol just saying, look, we ought to go back to the days of Prohibition, and think that will solve the problem. I think it's almost that kind of thing when it comes to drugs.

I want to know—you suggested in your statement that maybe we ought to begin to—I am thinking about the workforce, the workplace, particularly in a factory. Supervisors ought to be trained and educated to detect a drug user at an early stage. What are the signs that we ought to be looking for and are the symptoms of drugs that one would look for within an individual? What do you look for?

Ms. JOHNSON. Let me begin first—and we will get to the signs and symptoms—just to clarify some of those numbers. Certainly they are very high numbers. Our level of drug abuse is very high and unacceptable for this country.

Also, I should point out, though, that we have multiple users. So, although I am talking about particular drugs, a number, particularly marijuana use, which is our most commonly abused drug, a number of cocaine users certainly use alcohol as well as marijuana. So, it's not a cumulative number. I want to make sure that we are aware of that.

Mr. HAYES. So, it's not as bad as I thought.

Ms. JOHNSON. It's certainly at a very high level.

Mr. HAYES. It could be worse.

Ms. JOHNSON. I am not denying that we have a problem——

Mr. HAYES. That's right.

Ms. JOHNSON [continuing]. But it's not as bad if you look at it as a cumulative number.

In terms of the signs and symptoms, I think Dr. Walsh can help me with this; but there are several. If you see an employee who seems to be impaired, who appears not to be functioning at his normal level because he looks lazy or lethargic, you look at his eyes, maybe it could be red eyes from marijuana use. He could be very hyper in terms of the type of drug that he uses. It depends upon the symptom that might be displayed. But when you see someone who is not functioning at his normal level, whether it's from lethargy or from being hyperactive, I think certainly then you ought to begin to pay more attention to this particular employee. When you see one who's very rebellious who normally has a very nice disposition and there's a total mood swing, I think that's another area that you should pay attention to.

Dr. WALSH. Actually, we are only asking supervisors to be good supervisors. If the individual doesn't show up for work——

Mr. HAYES. But some of them are victims, too, you know.

Dr. WALSH. Actually this is true. I think that one of the things that we do overlook is the fact that many supervisors, as you mentioned, this is big business——

Mr. HAYES. Even law enforcement——

Dr. WALSH. A big illicit business, and many supervisors are threatened by their employees with significant bodily harm. We are aware of some automobile workers in Baltimore who were getting illegal prescriptions from physicians in the Baltimore area. When the physicians were spoken to, their response was they were afraid for their lives. They had been threatened, and that if they didn't continue to write the prescriptions that they would be killed.

So, I think that there is some concern. There are incidences that we are aware of where supervisors have referred an individual employee to the medical department. The physician in performing his diagnostic evaluation required a urine screen, found that the individual had been using illicit substances. And that employee went back and visited his supervisor and indicated if he was terminated, the supervisor and his family would also be terminated.

So, I think there is some serious concern about the health and safety of supervisors and that does interfere. I think the only way we can get around this is to have support for these programs from the very top of the organizations and have the executive level involved as well.

Mr. HAYES. My last question is in regard to detection of drugs in the body and body fluids. That may violate an individual's rights. I am watching with interest baseball's way they are handling this situation. The right of refusal on the part of baseball players exists. I think the baseball association, while indicating some measure of support to the testing system, also reserved the right to protect those who refuse to submit to tests and things of this sort. So, it raises a question in my mind as to—and I know I am not raising a question necessarily that would lead you in the direction of trying

to answer as an attorney or anything of that sort, a legal question. But you are aware that there is this problem of violating an individual's rights with these fluid testing programs.

Do you see that as being a problem?

Dr. WALSH. Clearly it's a difficult issue. I believe that in the private sector the way it is being handled is that it is being made as a condition of employment, that it is part of the job and described in the job position description such that an individual who is coming into a workplace has the choice of working in this environment or not, but that as part of the job the same way an individual may be required to punch a time clock or undergo an annual physical, or any other sorts of requirements, that part of his job is to provide a urine sample once a year or whenever it is required.

Ms. JOHNSON. And I believe, too, you have to look at it in terms of general fitness for duty. And that's basically, I think, what the employers are looking at, fitness for duty and also health and safety of that employee as well as those around him and the public at large. I don't believe there would be any laws that would be violated when a company really has that as its basis, certainly no constitutional laws. There might be State and local laws that might have some issues with it.

But as Dr. Walsh has pointed out, if it's clearly pointed out that this is the policy of the company, I think then they would be in a much better position to implement.

Mr. HAYES. I certainly think that the personal health and safety is the key here that gives us certain rights that transcends this feeling, this infusion, invasion of individual rights of people. But this could give rise to some money-making areas for lawyers; there is no question about that.

Thank you, Ms. Johnson.

Mr. GAYDOS. Director Johnson, we have a young lady back here who would like to ask you a question. Do you feel up to it?

Ms. JOHNSON. Of course. I am always happy to answer questions.

Mr. GAYDOS. Stand up and bellow out.

AUDIENCE. I was wondering, if you were given a test and if you used it once in a while, you were actually just using it, but it didn't really affect your work.

Mr. GAYDOS. Doctor, do you want to answer that, if you can?

Dr. WALSH. The tests indicate simply that the individual has used the drug sometime in the recent past. You can't differentiate from a single sample whether the person has used a lot of the drug, a little of the drug, have used it once or twice, simply that they have used it sometime in the recent past.

The issue of whether that should be used as indicating that the person is not fit for duty or not is a difficult issue. I think most companies are taking the position that they will not tolerate employees who use illicit substances, that they should not have to take the risk of waiting until an accident happens or an incident occurs to take action against that employee.

They are on much stronger grounds certainly with applicants, to whom they have no responsibility at all.

Mr. GAYDOS. Counsel has suggested—does that answer your question?

AUDIENCE. I have another one.

Mr. GAYDOS. Go ahead.

AUDIENCE. I would like to know when the test—who the test is going to be given to. Would it be given to like everybody including executives and employees? Or would it be given only to incoming applicants?

Mr. GAYDOS. I'm embarrassed. I should be asking those questions.

Dr. WALSH. As we mentioned earlier, the availability of the latest in technology in urine screening, which really made it available for industry at large at a relatively inexpensive and a highly reliable rate, only occurred in 1981. The early use of these techniques by the Department of Defense, late 1981, 1982, gave rise to the interest by general industry.

This is an evolving process that has occurred over the last really 2 years. The current trend with many major corporations of getting on board and having policies in place is to develop tough but fair policies. The fair aspect of it is that everybody, from the top man on down, would be screened. And I believe that is the way it is going to be going in this meeting that we are going to be convening in March. I believe that will be the consensus that industry and labor will come to. If you're going to have a policy in place, what's good for the goose has to be good for the gander.

Mr. GAYDOS. Let me state that because of these questions the committee already has made up its mind that in the early part of next year we are going to go into the use and abuse of this particular element in testing and everything that it involves. We will take an entire hearing or two in that area.

I think a lot of questions have been raised and properly so. Before the committee is totally embarrassed by all these intelligent questions, I am going to let you go.

I want to thank our students and our visitors today for participating. I want to emphasize that this is how government works. It works through a series of inquiries from individuals in the private sector who, based upon experience, have certain conclusions and information and, for want of a better term, wisdom. And that is made available to the committee in printed form through a record. Even though you don't see all the committee members here, they have an obligation, if they are discharging their committee functions, to read the record if they can't make it, because they serve on other committees, and then to have the advantage of such expertise.

The citizens who come before the committee travel large distances at their own expense. They come from diversified backgrounds. We have had people of high standing. A lot of our movie actors and actresses have appeared, and our professional people, poet laureats, what have you, have all been here, all types and all different areas, foreign people, from Canada. So, that is how your committee system works. Then we try to, by study and applying logic, hopefully come up with some legislative answer to the problem and then process it through the legislative process here in the committee, out to the full committee, on the floor of the House, make our debate, pass legislation, and hope and hold our breath that the President signs it. That is basically what we are doing here today.

Dr. Walsh, I want to thank you for coming and your candid response. And Director, I am very pleased to have you here. We will have you back again maybe after we get our feet on the ground on this particular subject, if you don't mind coming.

Ms. JOHNSON. Not at all, thank you very much.

Mr. GAYDOS. Thank you very much for your appearance.

The committee now calls Mr. Ray Blount and Mr. Flowers.

Gentlemen, you may proceed. Without objection, both submitted statements will be made part of the record.

STATEMENTS OF J. RONALD BLOUNT, AVERY MAYS CONSTRUCTION CO., DALLAS TX, ON BEHALF OF THE ASSOCIATED GENERAL CONTRACTORS OF AMERICA, ACCOMPANIED BY INGRID A. VOORHEES, ASSOCIATE DIRECTOR, CONGRESSIONAL RELATIONS, AGC, AND GARRY W. FLOWERS, INDUSTRIAL RELATIONS MANAGER, CORPORATE SECURITY, DANIEL INTERNATIONAL CORP., GREENVILLE, SC, ON BEHALF OF ASSOCIATED BUILDERS AND CONTRACTORS

Mr. BLOUNT. Mr. Chairman and members of the subcommittee, the Associated General Contractors of America represents more than 32,000 firms including 8,400 of America's leading general contracting companies which are responsible for the employment of more than 3.5 million people. These member contractors perform more than 80 percent of America's contract construction of commerical buildings, highways, industrial and municipal-utility facilities.

I am Ronald Blount, with Avery Mays Construction Co. of Dallas, TX. I appreciate the opportunity to present testimony on the problems of drug and alcohol abuse in the workplace.

Drug and alcohol abuse is perhaps one of the greatest social and moral problems in the United States today. That problem exists in the workplace in increasingly alarming proportions. The cost to the construction industry, as well as other industries, is staggering and includes reduced productivity, increased accidents, higher absenteeism, damaged and destroyed property, lower quality, theft, employee turnover, increased insurance cost, and low morale and reduced efficiency of other employees in the workplace.

In 1982 the Employment and Productivity Subcommittee of the U.S. Senate Committee on Labor and Human Resources held a series of four hearings on the U.S. productivity performance. According to subcommittee findings, drug and alcohol abuse in the workplace is estimated to cost $70 billion a in annual losses to businesses. That must be contrasted to $25 billion of losses in 1979.

During a recent conference of contractors and users of construction services, the problem of drug and alcohol abuse in the workplace was discussed by more than 400 participants.

Mr. GAYDOS. Let me interrupt you right there. Is that $70 million a pretty accurate figure?

Mr. BLOUNT. According to the AGC figures.

Mr. GAYDOS. That's amazing. I have never heard that figure before.

Mr. BLOUNT. During a recent conference of contractors and users of construction services, the problem of drug and alcohol abuse in

the workplace was discussed by more than 400 participants. As an introduction to the topic, Dr. Richard H. Bucher, Washington, DC, manager of the consulting firm of Bensinger, DuPont and Associates, relayed several trends which should be of concern to employers. For example, he reported an increasing use of cocaine, with 7 to 8 million Americans addicted today, as compared to 1.5 million Americans addicted 10 years ago.

Mr. GAYDOS. That's a fantastic figure.

Mr. BLOUNT. There's also a trend toward earlier drug use, with the average age of first use in 1981 at under 13 years old.

Mr. GAYDOS. An average age?

Mr. BLOUNT. Average age.

Various conference participants referred to the impact of drugs and alcohol abuse in the workplace, and current evidence supports the findings of a 1982 Industry Week article by Thomas Nolan on Pushers on the Payroll. That article found that a drug-abusing employee is 3.6 times as likely to be involved in an accident, has 2.5 times as many absences lasting 8 days or longer, receives 3 times the average level of sick benefits, is 5 times as likely to file a workers compensation claim, and functions at about 67 percent of the work potential.

Similar findings regarding alcohol-abusing employees also resulted from studies conducted by the National Institute of Occupational Safety and Health.

Mr. GAYDOS. That was around a 1981, 1982 study, wasn't it? Are they bringing it up to date? Do you have any other figures?

Ms. VOORHEES. You will have to ask NIOSH.

Mr. GAYDOS. Pardon?

Ms. VOORHEES. You will have to ask NIOSH. I am not sure.

Mr. GAYDOS. All right. But that's the last, that 1982?

Ms. VOORHEES. That's the last.

Mr. GAYDOS. All right.

Mr. BLOUNT. In 1983, AGC's Dallas chapter initiated the first drug abuse program for its members. The program deals with key elements for employer consideration and suggests a clear written company policy which is properly communicated to all employees; the need for top management support; an educational process for supervisory employees including a drug information guide, a drug glossary, a checklist to be used to identify chemical abuses, a diagram of a drug abuser and legal reference materials; the use of available program materials such as policy letters and bulletin board notices to employees; and, more importantly, an employee assistance program.

While the quantity of Dallas AGC contractors who have implemented a drug abuse policy is not overwhelming in number, their commitments are significant. Several AGC Dallas chapter members have a drug abuse policy and program. These programs not only include the previously mentioned key elements but focus on the employee assistance program, EAP. In the program a condition of employment is the employee's agreement to voluntarily enter the program when requested. When the supervisor detects a problem, drug related or otherwise, he may require the employee to enter the program. From that time on, the only information given to the employer is that he has started his attendance, that he is continu-

ing his attendance, or that he has completed or stopped his attendance.

Our drug abuse programs now include pre-employment screening, post-accident screening when personal or property damage is involved, and supervisor-requested screening. While resistance in 1983 was extremely vocal and widespread, in 1985 with the cooperation of the trades and others, an impact can and is being made.

Currently, only one Dallas area trade union's insurance program pays or reimburses drug rehabilitation related costs. The EPA program, the employees assistance program, implemented by Dallas chapter members, not only covers the employee but all of his dependents as well.

Control of drug and alcohol abuse in the workplace has serious implications for effective safety programs since employers have the right and responsibility to assure safety to all employees. Employers also have the right to protect monetary investments in equipment and property and to lower insurance costs. Employers are fulfilling that responsibility and preserving their rights by implementing various programs such as the program put in place by the Dallas chapter and its members.

The elimination of the ever increasing problem of drug and alcohol abuse at the workplace will require a policy of zero tolerance. Yet, the fundamental and long-term effort must be, as in the case with most societal problems, confronted through an educational and effective drug enforcement effort.

AGC, in recognition of the increasing incidence of drug and alcohol abuse at the workplace, is undertaking an educational effort by devoting an entire issue of its management magazine, Constructor, to the problem.

We also support chapter and member efforts to devise effective drug and alcohol abuse control programs which address the problem as it relates to the workplace.

While that concludes my prepared statement, I would like to make one other comment in response to something that was asked before. One of our member firms in Dallas has an employee population of approximately 650, with an approximate turnover rate in a year of 50 to 60 percent because of the type of work. So, you are dealing with about a 300-employee potential population. Of that population, 40 percent tested positive for drugs at the employment screening. An additional 20 percent of that population refused to take the test. The balance were either hired or deferred because of their capabilities.

Thank you.

[The prepared statement of J. Ronald Blount follows:]

PREPARED STATEMENT OF J. RONALD BLOUNT ON BEHALF OF THE ASSOCIATED GENERAL CONTRACTORS OF AMERICA

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THE PROBLEM

In 1982 the Employment and Productivity Subcommittee of the U.S. Senate Committee on Labor and Human Resources held a series of four hearings on the United States' productivity performance. According to Subcommittee findings drug and alcohol abuse in the workplace is estimated to cost $70 billion in annual losses to businesses. That must be contrasted to $25 billion in business losses in 1979.

During a recent conference of contractors and users of construction services, the problem of drug and alcohol abuse in the workplace was discussed by more than 400 participants. As an introduction to the topic, Dr. Richard H. Bucher, Washington, D.C. manager of the consulting firm of Bensinger, DuPont and Associates, Inc., relayed several trends which should be of concern to employers. For example, he reported an increasing use of cocaine with 7-8 million Americans addicted today as compared to 1.5 million Americans 10 years ago. There is also a trend toward earlier drug use with the average age of first use in 1981 at under 13.

During the conference presentations by representatives of employers with drug and alcohol programs concentrated on problem identification, management policy design, management and employee education, employee screening, the impact of drug and alcohol abuse on safety and available employer programs to combat the problem.

Various conference participants referred to the impact of drug and alcohol abuse in the workplace, and current evidence supports the findings of a 1982 Industry Week article by Thomas M. Nolan on "Pushers on the Payroll." That article found that a drug-abusing employee: is 3.6 times as likely to be involved in an accident; has 2.5 times as many absences lasting eight days or longer; receives 3 times the average level of sick benefits; is 5 times as likely to file a workers compensation claim, and functions at about 67% of the work potential.

Similar findings regarding alcohol-abusing employees have also resulted from studies conducted by the National Institute of Occupational Safety and Health.

AGC'S DALLAS CHAPTER PROGRAM

In 1983 AGC's Dallas Chapter initiated a Drug Abuse Program for its members. The program deals with key elements for employer consideration and suggests: a clear written company policy which is properly communicated to all employees; the need for top management support; an educational process for supervisory employees including a drug information guide, a drug glossary, a checklist to be used to identify chemical abuses, a diagram of a drug abuser and legal reference material; and the use of available program materials such as policy letters and bulletin board notices to employees.

A number of Dallas Chapter member companies have also initiated employee screening procedures and employee referral to assistance programs.

Control of drug and alcohol abuse in the workplace has serious implications for effective safety programs since employers have the right and responsibility to assure safety for *all* employees. Employers also have the right to protect monetary investments in equipment and property and to lower insurance costs. Employers are fulfilling that responsibility and preserving their rights by implementing various programs such as the program put in place by the Dallas Chapter.

The elimination of the ever increasing problem of drug and alcohol abuse at the workplace will require a policy of "zero tolerance." Yet, the fundamental and long term effort must be, as is the case with most societal problems, confronted through an educational and effective drug enforcement effort.

AGC of America, in recognition of the increasing incidence of drug and alcohol abuse at the workplace, is undertaking an educational effort that will include extensive use of its monthly magazine, CONSTRUCTOR, and continuing seminars at AGC meetings on ways construction contractors can eliminate drug and alcohol use at construction sites.

We also support chapter and member efforts to devise effective drug and alcohol abuse control programs which address the problem as it relates to the workplace.

Mr. GAYDOS. Let me ask you, Mr. Blount, you are talking about big construction, what about the small construction companies? They don't belong to your group, I don't think, do they?

Mr. BLOUNT. Yes; they do.

Mr. GAYDOS. What do you consider small?

Mr. BLOUNT. We have members in Dallas who build $50,000 to $75,000 jobs. And we have contractors who build $150 million jobs.

Mr. GAYDOS. So, you represent a cross-section?

Mr. BLOUNT. That is correct. The AGC population is made up of general contractors and also subcontractors, suppliers, and other affiliates of the industry as well.

Mr. GAYDOS. Am I accurate in concluding that we are talking about roughly 20 percent of the workforce that has some drug related significance, is that right, something like that?

Mr. BLOUNT. It's close.

Mr. GAYDOS. Is anybody doing anything on recent figures or as far as recent studies are concerned?

Mr. BLOUNT. I am not aware——

Mr. GAYDOS. Do you know of anything going on?

Mr. BLOUNT. I am not aware.

Mr. GAYDOS. What about your collective bargaining agreements? Do they more and more have a tendency to lean toward including provisions as far as drug and drinking and related problems and the ultimate solution thereof?

Mr. BLOUNT. My company is a merit shop contractor but has in the past been a union contractor with a union affiliation. In the past, especially in 1981, the unions were very vehement in their opposition to any drug testing or any drug abuse program. The American Civil Liberties Union and the trade unions were very vocal in their opposition. In 1985 those unions are cooperating with the AGC and its members in trying to stem the problem.

The problem in Dallas became real apparent when a high-rise construction job site had such a drug abuse problem that people were inserted into the workforce to ferret out what the problem was. Not only did they buy the drugs, not only did they watch the effect on the manpower and the productivity, it was videotaped. In 1981 there was no concise program or policy in the Dallas area, and we did not know what constitutional rights or laws we would be involved with. Those people were quietly terminated, and they knew the reason. And there was very little argument. The accident rate on the job dropped 50 percent in the next 4 weeks.

Mr. GAYDOS. No suits?

Mr. BLOUNT. No suits.

In Dallas because of the programs that have been implemented and some of the companies were the first in the cause, there have been cases where employees were dismissed because of a positive drug test, a second positive drug test, filed for workers compensation; and it has been denied as a reason for receiving—I'm sorry, for unemployment benefits, and it was denied.

Mr. GAYDOS. Is that in Houston?

Mr. BLOUNT. In Dallas, TX.

Mr. GAYDOS. Do you have any statistics you might make available to the committee on drug and alcohol as to what percentage of

accidents these two elements were involved in? Do we have any statistics along those lines?

If you come across some, make them available to the committee, if you would or could, because I think it is quite important. We really haven't had specifically any kind of a study or statistical analysis giving us good evidence as to just what percentage is involved there.

Mr. BLOUNT. We don't know of any but some personal information that I have because of our company, in 1982 our accident rate was at a level. Within 8 months, that accident rate had risen 35 percent. We then enacted a drug abuse policy and a program. That accident rate has dropped about 15 percent. We are not all the way back and there are other circumstances. And we never determined that that was the sole reason for the increase.

Mr. GAYDOS. But certain valid conclusions can be drawn from that.

Mr. BLOUNT. I think so.

Mr. GAYDOS. Let me ask you a very general question. Do you have any suggestions in particular as to what the Federal Government should be doing in this field other than what they are doing now?

Mr. BLOUNT. I would hope that the Federal Government would continue the war on drugs in general and stem the flow of drugs into the country. I would not like to see——

Mr. GAYDOS. We're doing a poor job in that respect.

Mr. BLOUNT. I would not like to see the Government become another watchdog or a legislative act to help us control the problem. I think the contractors and the other industries can control the problem if you can stem, the Government can help us stem the influx of materials to be used and substances.

Mr. GAYDOS. If the Government kept it out, you wouldn't have the problem.

Talking about some help, it is very expensive it appears, as far as compensation and training programs and ferreting out the violators and other high professional advice that you need. It becomes a very substantial cost factor in carrying on the business.

Mr. BLOUNT. Yes.

The only suggestion that I would make, at the risk of further Government interference in the construction business, the Occupational Safety and Health Division has inspection capability. I hate to see drug-sniffing dogs on the jobsites or them performing urinalysis tests. But I think in an educational program with the contractors and the workers, they can be of some help.

Mr. GAYDOS. Mr. Flowers, I have included your full testimony into the record. Maybe we can get more done by just some offhand observations between us. It's up to you how you want to approach it.

Mr. FLOWERS. That will be fine.

The statement that the Associated Builders and Contractors has put in for testimony reflects Mr. Wilkinson's work in this area. He was not able to attend due to prior commitments.

Mr. FLOWERS. First, I would like to take the opportunity and thank you for allowing me to testify on behalf of the Associated Builders and Contractors on a problem that has become very serious and, in the words of our own Government, reached epidemic proportions.

Mr. GAYDOS. We thank you for coming.

Mr. FLOWERS. Quickly, the Associated Builders and Contractors is a national construction industry trade association representing more than 18,000 firms nationwide. These are firms that have numbers of employees anywhere from 20,000 down to the very small company of 15 to 20 employees. The members, contractors, subcontractors and suppliers of the ABC believe in the merit shop philosophy of awarding construction contracts to the lowest responsible bidder. Today more than 70 percent of all construction in this country is done the merit, or open, shop way. While a great percentage of our members are subcontractors and therefore small businesses, the problem of drug abuse in their area is one which faces the small and large contractors alike.

Mr. GAYDOS. Do you agree with Mr. Blount that you're talking about 20 percent of the employees having some problem with drug or alcohol?

Mr. FLOWERS. Twenty percent in the construction industry?

Mr. GAYDOS. Yes.

Mr. FLOWERS. It's hard to put a number on that. I think if you are going to include alcohol in that, you could very easily reach that 20 percent. Alcohol is the No. 1 abused drug in our society. You have been bombarded with an array of statistics, and I won't take up your time to go over those again.

Mr. GAYDOS. Is that pretty accurate, what we're hearing?

Mr. FLOWERS. That's pretty accurate in an inaccurate science, to sort of avoid your question.

Mr. GAYDOS. At arm's length, you're truthful, anyhow.

What do you think, it's higher or lower? Let me ask you that. You are out there, and you see it happening every day. Do you think those statistics are way off either high or low?

Mr. FLOWERS. No; I don't think they're way off. I think it's pretty close.

Mr. GAYDOS. All right. I got your word on it, like Mr. Hyatt says.

Mr. FLOWERS. Yes, sir.

You're talking about an industry, as Mr. Hayes pointed out, is one that is very profitable. I don't know anywhere that you can take a $60,000 investment and turn it into a half million dollars. Wall Street should be so fortunate to have a commodity such as cocaine.

Mr. GAYDOS. What are we doing here?

Mr. FLOWERS. But as you stated, our Government is making a very aggressive attempt to try and prevent drugs from coming into this country illegally. Still, cocaine production has risen 20 percent in this country as far as illegal cocaine entering this country. So, we would have to be very foolish not to think that society's drug problems are not going to bleed over into the workplace.

I take some figures, from the ages of 18 to 24, one in four people in that age group are using drugs on the job. The age group of 24 to 35, one in eight are using drugs on the job.

I represent Daniel Construction Co., which is a member of the ABC. We are a large company. I have the good fortune, maybe bad fortune, of being able to see the problem from both sides. I am a former law enforcement officer working in vice and narcotics. I can tell you, if we don't already know and haven't already been convinced by the figures you have been given, that it is a very serious problem in our society.

People spent a lot of their waking hours on their jobs, 10 to 12 hours a day, 5 to 6 days a week. So, you have to understand that the use is going to bleed over into the workplace, whether it be construction, whether it be automobile factories, textile mills, doctor's office, Capitol Hill. There is a large percentage of people who are using drugs on their jobs. The American Medical Association put the number at 13 percent of their membership that has either used or are using cocaine on a regular basis.

Mr. GAYDOS. The medical profession.

Mr. FLOWERS. Yes, sir.

Mr. GAYDOS. That includes doctors, nurses——

Mr. FLOWERS. That includes doctors and nurses.

To answer your question earlier, as far as what we would suggest, what the ABC would suggest the government do, what their role would be, we would be opposed to any Federal regulations governing job site drug abuse programs. Although they may be well intentioned, these laws would provide a tremendous administrative burden that would be placed on contractors and would detract from the employer's attention to the safety issues and focus efforts instead on forms and record keeping.

Rather, the ABC believes the government's role should be one of support and encouragement for implementing private sector initiatives to combat substance abuse. There are things that can be done. There is no magic wand. I have sat here and listened to EAP, drug screening. They are not answers unto themselves. We must have a program that includes training, that includes clear and concise work rules, defines what the punishment is going to be. There is no magic wand here at all.

To answer some of the questions that the young lady asked in the back about urinalysis, marijuana stays in the system for a long time. Tetrahydrocarbinol, which is the drug in marijuana, is a fat-soluble chemical, which means it's absorbed and stored in the fatty tissues of the body. So, somebody could use it on a weekend, come to work, not be impaired, and be subject to a random screening, and would be found with drugs in their system.

We support more of a training awareness program. It serves two purposes. It lets the person know what the harms of the drug are to them personally. Also, it tells them that the company is not going to tolerate drug use on the job, that a condition of employment would be termination for somebody that uses drugs or alcohol on the job.

Talking about safety, anything that interferes with the worker's safety on the job is paramount to a serious problem.

Mr. GAYDOS. On that, Mr. Flowers, you were in the past on the street a law enforcement officer?

Mr. FLOWERS. Yes; I was, sir.

Mr. GAYDOS. In your employer status that you now fulfill, in security, would you give a proven drug user and abuser a second chance? Calling upon and relying upon all your background that you had when you dealt with them in the street, I imagine with pushers and users and what have you, would you give a guy a second chance when you know the implications of how he could endanger the life of a fellow employee under those conditions?

Mr. FLOWERS. I think——

Mr. GAYDOS. Give me a real truthful, honest answer. And I know you wouldn't mislead the committee.

Mr. FLOWERS. No, sir, I am answering as though under oath.

If the employee came to his employer and admitted a drug or alcohol problem, yes, I would give that person a second chance.

However, our company's policy is that, if we catch an employee that is endangering the safety of others by having his facilities impaired, we are going to terminate that employee. And we will not give them a second chance. If they want a second chance, why do you have to be caught before you want that second chance?

Mr. GAYDOS. Do you have the policy that, if they voluntarily turn themselves in, that you will send them to help them rehabilitate themselves?

Mr. FLOWERS. Yes, and we do not—Daniel does not have an EAP program. However, agencies like the ABC will help these smaller companies and put together manuals for them and maybe direct them to a community service where that person could get help. But we aren't going to turn a person away that asks for help. But in my experience they all want help after they are caught.

Mr. GAYDOS. Calling on your practical background that you have, I understand the statistics are something in the neighborhood of like 70 percent of drug users and abusers go back to it even after a rehabilitation program. Substantially over half go back. With that statistic staring you in the face, are you going to go the third time?

Mr. FLOWERS. My expertise is not in the field of rehabilitation. I would have to——

Mr. GAYDOS. I am talking about the practical aspect. Will you question the figure, on the street, as you were, enforcing the law and being familiar with some of these problems? Would you question the statistics being that high, that so many return?

Mr. FLOWERS. No, I would not question that.

Mr. GAYDOS. You wouldn't question it, all right. Then if that is the case, what would you recommend to your immediate employer or to the management board, whoever they are and whatever they consist of, along these lines? If a man were number three, the third time, or the second time around, asking for some consideration on rehabilitation?

Probably the question I am trying to ask you is, an employee, if he's caught, regardless of the circumstances, is he then marked for life and have we lost him? Or is it still an area where we should be vitally concerned and be willing to expend reasonable sums of money to try to help? That's what I am asking, probably in a very cumbersome way.

Mr. FLOWERS. Yes, I think that the money that is put into these EAP programs is certainly worth it. There is a large automotive industry that puts out the fact that for every one dollar they spend in an EAP they save three dollars. You are looking at retraining somebody, a highly skilled person. If somebody comes back and they are rehabilitated—you are, of course, governed by Federal regulations that you must give them another opportunity or that would be considered discrimination.

So, I think there is certainly some good knowledge there that could be put to good use by putting an individual back to work and giving him that chance.

Mr. GAYDOS. As long as there's hope, you keep after him.

Mr. FLOWERS. Absolutely. I don't think you ever give up.

Mr. BLOUNT. When you talk about a second time chance or third time chance for a drug abuser, I think you also have to consider what that person does for you. In the case of a tower crane operator sitting on top of a 45-story building with a twelve or twenty ton load on the end of it out over a street, I don't think I want to give a second chance or a third chance for him to crawl back in that crane and be a 70 percent chance of him being an abuser again. If he is a laborer or a carpenter and is in an area that is not as sensitive safety-wise, then I think you consider a second chance or a third chance.

Also, I think in most companies you are going to look at length of service. You are going to look at what he does and what he has done for you in the past. Our company has taken a don't throw the baby out with the washwater approach and looked more at the individual more so than just the guy who is a first-time abuser and therefore terminate. But again, if you have someone who has a drug abuse problem and they go to rehabilitation and come back out and you put them back into a situation where they are endangering lives, then I think it is very tough for us to give them a second and third chance in those capacities.

Mr. GAYDOS. I would probably have to presume that maybe the occupation might be a cause of the drug abuse. I mean, if it's a very demanding job and sensitive job, maybe that person has more of a propensity to overdrink, use alcohol or take some stimulant of some sort, I would assume.

I guess what we are saying is, if I interpret it accurately, we are talking about what the occupation of the individual is and your work experience with him. I can see that is quite logical.

Mr. BLOUNT. I don't believe that drug abuse goes by category though. I think it's across the board, and maybe some pressure. What we do in most cases is not life threatening or life saving and is not that significant as what you do here on the Hill or what a doctor may do to save your life. So, if the rates in our industry are 20 percent plus or minus but the rates in the medical profession are 13 percent, then I think that would lean the other way, that the higher the pressure does not necessarily correlate with higher drug abuse.

But I do think that it is across the board. The laborers don't have a lock on it nor do the operators in our business, nor do we as managers. It's across the board.

Mr. GAYDOS. It's good to spread in the record, and there will probably be some very thought stimulating information there for our members when they read it and discuss it.

Is there anything else you want to put in the record, Mr. Flowers?

Mr. FLOWERS. I would agree with what was just said. You don't categorize drug users, it's across the board. Naturally, second chances, why should a company have to pay twice if there's an accident caused by a person who has been impaired? Why do you bring them back again? I think you have to consider that.

I would like the record to reflect that in the construction industry in the private sector there are a lot of companies, Daniel, Bechtel, Stone and Webster, both union and open shop, that are taking very aggressive approaches, pro-active; and they are working. I think the safety records of all these construction companies reflect that.

I would like to say to our government that there is no reason to give up. I know it looks like a long and hard battle, especially when you see some of the statistics that have been read to you. But it's something that can be done. The companies in the private sector are making that attempt through good work rules, concise, clear work rules, through training programs, through awareness programs, through awareness, through EAPs, employee assistance programs.

So, there are a lot of things that can be done. There is no one magic bullet that you can say is going to cure it all. It is something that has to be done as a program. An employer has to be pro-active enough and not concerned about, are we going to get a lawsuit out of this? There is no reason, there is no law that says an employer must offer continued employment to an undesirable employee.

So, I think there are some answers out there. There is some good information that has been put forth before this committee this morning.

Mr. GAYDOS. Then would it be proper to conclude that it is not a hopeless situation? Things can be done and persistence will pay off if we keep attacking the problem regardless of which way, with the help of private enterprise and government where it should be, and unions if they are involved and discharging their obligations. Is that about what we concluded?

Mr. FLOWERS. I think on the union question, of course, we're an open shop firm as it is. We certainly have come to clash several times with philosophies with the union companies. However, this is one problem that seems to transcend that. Union officials are willing to work, as long as it's negotiating to management rights or project agreements, to battle this problem. It is something that people join hands on and are not afraid to attack.

Mr. GAYDOS. That's why we had Mr. Georgine scheduled with you fellows, so we had both sides of it, a balanced presentation. But we will have him in, according to his schedule, probably after the first of the year. We will probably go into a rather extensive look-see at the problem we are talking about.

Counsel advises me we will be up in Seattle at the end of January. We are making arrangements up there. One of the members of the committee feels that it would justify a trip out there and hold

some field hearings up there where they have a problem along these lines of great proportions. They have some community programs in effect up there that are supposedly working. So, we would like to take a firsthand look.

Gentlemen, if I haven't already, I want to make your formal presentations as submitted part of the record.

[The prepared statement of Garry W. Flowers follows:]

PREPARED STATEMENT OF GARRY W. FLOWERS, MANAGER OF INDUSTRIAL RELATIONS AND CORPORATE SECURITY, DANIEL INTERNATIONAL CORP., ON BEHALF OF ASSOCIATED BUILDERS AND CONTRACTORS

Mr. Chairman and members of the committee: It is a pleasure to appear before the Health and Safety Subcommittee, House Education and Labor Committee to testify on the Impact Alcohol and Drug Abuse have on Worker Health and Safety. We appreciate the opportunity to express the deep concerns of Associated Builders and Contractors on the impact of drug and alcohol on the construction industry.

Representing ABC, I am Garry W. Flowers, manager of Industrial Relations and Corporate Security for Daniel International Corp., Greenville, South Carolina. With me is Bruce S. Wilkinson, President, Workplace Consultant, Inc., located in Gretna, Louisiana, who authored the ABC's Safety Manual, "Drug Abuse in the Workplace."

Associated Builders and Contractors (ABC) is a national construction industry trade association representing more than 18,000 firms nationwide. The members, contractors, subcontractors and suppliers of ABC believe in the "merit shop" philosophy of awarding construction contracts to the lowest responsible bidder. Today more than 70% of all construction in this country is done the merit (open) shop way. While a great percentage of our members are subcontractors and are therefore small businesses, the problem is one which faces the small and large contractor alike.

Mr. Chairman, recently the Senate Labor Committee, assigned the task of studying the impact of drugs on the American economy, reported that narcotics sales in this country have skyrocketed at an annual rate of $10 billion every year since the year 1978. Drug traffickers grossed $110 billion in 1984; which was double the combined profits of all Fortune 500 companies.

This sudden surge has brought the total number of heroin addicts in the United States to more than one half million people for the first time since 1973. Deaths attributed to drug overdosing increased by 93% from 1979 to 1983.

Our coastlines are constantly being invaded by illegal drug traffickers. At least 2,700 vessels are transporting drugs into the United States everyday. These vessels are smuggling in thousands of tons of marijuana and cocaine from Bolivia, Peru, and Columbia. Columbia alone produces 75% of the cocaine and 50% of the marijuana that is consumed in the United States.

A 1977 government sponsored study revealed that the United States economy has suffered a staggering loss because of drug abuse. Its 1977 findings, adjusted to 1983 dollars, indicate that the American economy suffered a loss of over $25.8 billion for that year and over $40 billion in 1984.

Every person living in the United States is affected by drugs or drug users. Our children are exposed to drugs in the school system they attend. Our lives are jeopardized on the highways by drivers who are using alcohol and drugs. America's drug problem is more than just a crime problem. It is a worker productivity problem, a military preparedness problem, an education problem, an auto fatality problem, a health care problem. There is more to drugs than crime. Every segment of our society is affected.

A 1984 Gallup Poll revealed that two out of three American teenagers drink alcohol and one in eight smokes marijuana prior to his 16th birthday. Twelve percent admitted using Poly Drugs (the taking of alcohol and pills at the same time).

Drug abuse in our schools has caused an increase in associated problems. Everyday, more and more teenagers are turning to crime as a means of funding their habits.

Smoking marijuana, in many cases, is a prelude to a teenager using hard drugs. Several experts have stated that smoking marijuana "causes" heroin and cocaine usage. Studies have shown that the more marijuana a person smokes, the more likely he or she is to use heroin, cocaine or both. A survey of 8,000 public high school students in New York revealed that nearly all cocaine and heroin users started with marijuana.

A student on drugs does not stop taking drugs upon graduating from high school or college. These are the same people who will be applying for jobs within the construction industry. Construction is not the only industry affected. However, we are taking decisive action to halt this abuse. Most experts agree that at least one out of 5 construction workers has a drug or alcohol abuse problem, 20% of a company's workforce. The implications are staggering which result in: Increased workers' compensation and health care costs; decreased job site productivity; increased tool and material costs; increased absenteeism.

Losses from drug abuse are staggering. It would be senseless to attempt to define the billions of dollars that this problem is costing the construction industry because everyday more and more drug users and addicts are entering the workplace.

The illegal drug business is a high-risk, high-profit venture. Drug traffickers are willing to take the risk because the profits are enormous.

Our government has attempted to counteract the illegal drug problem by attacking the source. Incentives have been offered to drug producing countries to destroy drug crops. With this serving to only curb drug production somewhat, U.S. Drug Enforcement Agents have attempted to prevent the massive flow of these drugs across our borders. The result is sobering—anyone who wants drugs can get them—anytime, anywhere.

Drug abuse in many cases results in the users becoming chemically dependent on the drug. Regardless of any benevolent or penative action, they have a habit to support. If their wages cannot support the habit, then in most cases they have to turn to theft to support it. Many drug users need and want help. ABC has outlined policies and programs for its membership suggesting a benevolent approach to helping the drug user.

PREEMPLOYMENT DRUG SCREENING

Employers have the right to know of any potential problem that may be encountered when hiring employees. Urine drug screening at the pre-employment level is an excellent loss prevention method used by management. Management has an obligation to provide a safe and healthy workplace for all employees and has the right to hire the most qualified applicants for the available job positions.

An employer who decided to hire a drug user, either known or unknown, should be aware of the potential problems that may arise: theft of tools and materials, and an increased usage of workers' compensation and group health insurance are just some of the potential problems.

It is suggested that employers fully inform new applicants of the company's drug abuse policy as the first step in the hiring process. In many cases, applicants on drugs will not show up for the pre-employment exam if they are aware of the drug test.

PROBLEMS OF EMPLOYEE DRUG ABUSE

ABC members are made aware of a recent study published as a result of analyzing the drug programs of a dozen major American corporations. This study provides a profile of the drug user. Here's a computer profile of a typical recreational drug user in today's work force.

He or She . . . was born between 1948 and 1965; is late three (3) times as much as other employees; requests early dismissal or time off 2.2 times more often; has 2.5 times as many absences of eight (8) days or more; is five (5) times more likely to file a workers' compensation claim; is involved in accidents 3.6 times more often than other employees; performs at 67% of his or her normal ability; is more likely to be involved in theft of company property.

DRUGS OF ABUSE

The supervisor's assignment to rid the workplace of drugs and drug users is a difficult task. The more training and information that is provided for supervision, the better equipped they will be to address the drug problem.

Many of the employees that have violated company drug policies have been found to have in possession of marijuana. However, a recent survey of cocaine users revealed that 90% of them use it on the job. Each company's drug problem is different. The problems depend largely on the type of drugs available and the amount of money available to purchase the drugs.

Drugs in the workplace represent a threat to a safe working environment for all employees. Following is a list of some of the common types of drugs found in today's workplace: Cannabis (marijuana, hashish, hash oil); amphetamines (benzedrine, dex-

edrine, neodrine); barbiturates (seconal, nembutal, quaalude); cocaine; opiates (Heroin, Morphine, Codeine, Opium); hallucinogens (LSD, Angel Dust-PCP).

Alcohol is also a drug and is commonly abused in the workplace. It is classified as an intoxicant and its effects are usually identified with those of barbiturates.

Alcohol abuse causes many problems on the job and these are intensified by the fact that alcohol is legal.

"Look-alikes" is another classification of drugs that represent a threat to the workplace safety environment. These look-alikes are becoming very popular and usage is increasing among workers on the job site. They resemble amphetamines such as black beauties, but analysis shows that they are made up of a combination of substances commonly found in cold remedies, diet and keep awake pills. These types of pills are sold in drug stores as over-the-counter drugs and these same types can also be purchased through magazine mail orders. These pills are made to look like the more expensive amphetamines and contain no federally controlled substances. The primary ingredients are caffeine, a stimulant; ephedrine, a vascular constrictor; and phenylpropanolamine (PPH) a chemical cousin of amphetamines.

Prescription drugs are the most widely abused drugs in this country. Millions of American workers perform hazardous jobs each day while they are taking legally prescribed drugs. This is not meant to imply that all employees who take prescription drugs cause hazardous situations on the job site. However, there are some who abuse this form of medication to the point of endangering the lives of themselves and their fellow workers.

The multitude of different types and variations of drugs, both legal and illegal, can be mind boggling. It is difficult to believe that there are so many different types of substances readily available for any employee to abuse. It is not very comforting, but it may be easier for an employer to attempt to rid the workplace of illegal drugs before attempting to rid it of legal drugs such as look-alikes and designer drugs. Let's take a closer look: Illegal drug use may be more easily detected because they are expensive and result in employee theft and other signs of abuse; the effects of controlled substances are well known. Training programs are commercially available to educate supervision; media campaigns have educated citizens on the harmful effects of controlled or illegal drugs; many companies have created contraband policies that seek and terminate those possessing illegal drugs; last of all they are illegal. This is still the main reason why most people resist the temptation.

DETECTING DRUG ABUSE

The testing or screening of drug users in the workplace is a sensitive subject area. The entire concept is something new and business leaders are being forced to initiate action. Even professional drug consultants and specialists do not totally agree on the best approach. The reason a "best approach" cannot be agreed upon is because each workplace situation and employee relationship is different. Management must decide the best approach based on their particular situation.

Some company managers perceive drug detection techniques as being radical, while others refer to them as progressive. Regardless of their differing views, they all agree on one point: something must be done.

It appears that the more successful companies with effective drug programs are the ones that have taken the time to fully evaluate the problem. These company managers consult with legal representatives, consider both the morale and safety of employees and then select a method that satisfies everyone's concerns.

Industry currently uses several forms of detection for drugs in the workplace. The ones that have been most effective thus far can be categorized into two areas: contraband searches; urine drug screening.

When drugs are found by either of these two (2) methods, some sort of punitive action for the employee is usually defined in the company policy.

A contraband search is an economical method to rid the workplace of contraband and can easily be designed for any size construction site.

Contraband searches rely on the use of trained narcotic detection dogs and private sector investigators. The popularity of this method increased in the late seventies because of the success in uncovering drugs, alcohol, weapons, ammunition, drug paraphernalia and stolen property.

Pre-employment urine screening is probably the most critical aspect of any drug policy. If done correctly, the drug users are identified and action can be taken to offer treatment or deny employment.

Previous employees re-applying for a job position should be required to take the pre-employment urine drug screen.

Random drug screening is a technique that is usually incorporated into a policy to monitor certain departments or critical job functions. Urine drug searches are administered during contraband searches. These tests are usually administered to identify a user when a controlled substance is found in a specific area of the operation facilities.

Post-accident urine drug testing is also a commonly used test in the industry. These tests are usually administered to the employee following a serious accident or incident in which safety precautions were violated or unusual careless acts were performed.

Post-accident urine tests will determine if the employee was using drugs at the time of the accident. Many states will overturn workers' compensation claims if unauthorized and illegal drug use by employees can be proven at the time of the accident.

EMPLOYEE ASSISTANCE PROGRAMS

It was stated in opening remarks that drug abuse in many cases result in the users becoming chemically dependent on the drugs. ABC recognizes this and has recommended that a benevolent approach be taken with the employees who are identified as drug abusers.

ABC recommends that an Employee Assistance Program (EAP) is incorporated into any overall company drug abuse program. Under a EAP program employees are able to seek help before the identified and punitive action must be taken.

Managers usually prefer that the employee's personal problems remain just that personal. It would be an ideal situation to know that when an employee steps through the door into the workplace that all concerns other than the job assignment remain outside. However, in reality this does not occur because personal problems like tension, stress, financial, disease, marital and drugs cannot be turned on and off.

Employers are forced to confront the problem because an employee's physical and mental health are related directly to job site safety.

An EAP is another method management can use to identify employees with drug abuse problems. Employees are referred to EAP counselors by supervision for either poor job performance, a positive urine screen test or the employee admitting to a drug or alcohol problem.

Counselors will attempt to assist employees in solving their problems and return a more productive worker to the supervisor. This task may be accomplished through group therapy, one-on-one sessions, or encounters with the employee's immediate family and support groups.

An EAP program can play an important role in a company's overall drug abuse program. It allows the employer to offer assistance to employees who really need and want the help.

DRUG ABUSE POLICY

ABC suggests to its membership that the key to a successful drug abuse program is the development of a comprehensive policy. This policy must be detailed and broad enough to address all situations that are likely to be encountered. It is important to define which employees will be covered by the policy.

Some of the topics ABC members are asked to consider when developing a policy are as follows: Employee assistance programs (EAP); contraband searches; urine drug screening; illegal and unauthorized drugs (look-alikes and synthetics); prescription drug abuse; firearms and weapons; explosive and ammunition; documentation of drug abuse; rights of employees; rights of employers; and polygraph examinations.

Mr. Chairman, there is definitely an impact of alcohol and drugs in the workplace and ABC's concern, of course, is on the construction jobsite. Safety is jeopardized by employees with substance abuse problems.

Under current OSHA law, Mr. Chairman, our members can implement and enforce Employee Assistance Programs. As to the need for additional federal statutes governing job site programs, ABC believes that however well-intentioned these laws, the administrative burden they would place on contractors would detract employer's attention from the safety issue and focus efforts instead on forms and recordkeeping. Rather, we believe the government's role should be one of support and encouragement for implementing private sector initiatives.

Under the general duty clause of Occupational Safety and Health statute, employers already have a responsibility for insuring an alcohol and drug-free workplace. Our ABC sponsored program as we outlined earlier, is being implemented at a

record-pace and is our fastest selling program at ABC today. In fact, in the Fall of 1986, ABC is dedicating our 2nd Nation-wide Teleconference to the safety issue with a special emphasis on prevention of alcohol and drug abuse.

We applaud the time you have taken today to devote to these oversight hearings. We know that there is a problem and we are here to tell you that we in the private sector are not only addressing the situation but are tackling these problems with force. We look forward to working with you.

Mr. GAYDOS. I want to thank you for participating in your government.

Thank you very much.

That concludes today's hearings. I really want to thank our witnesses for their good response and interesting response to our questions and for their sincere interest in dealing with the serious problem under discussion.

The committee will stand adjourned until the call of the Chair.

[Whereupon, at 11:05 a.m., the subcommittee was adjourned, subject to the call of the Chair.]

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